



Arizona Department of Education  
Tom Horne, Superintendent of Public Instruction

# **Screening To Assessment Resource for Early Childhood Education**

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# **Screening to Assessment Resource**

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## **Introduction**

The unique problems of screening and evaluating young children suspected of having disabilities calls for understanding a variety of strategies in assessment and evaluation of young children for eligibility for special education. In 1991, the Arizona Department of Education, Special Education Department sponsored the Arizona Preschool Assessment Summit. It was during that meeting that recommendations and regulations were made for Arizona's eligibility criteria for preschool children, ages 3-5, who were found in need of special education.

The Summary and Recommendations of the Arizona Preschool Assessment Summit were reviewed by a team of professionals throughout the state in December 2003 and found to be best practices as well as in direct alignment with federal legislation in Individuals with Disabilities Education Act (IDEA). The summary of the Arizona Preschool Assessment Summit is included in the appendix of this document as it provides the foundation and rationale for Arizona's current screening and evaluation/comprehensive developmental assessment (CDA) process.

In November 2002 a Preschool Resource Notebook Task Force developed a document "The Journey for a child who receives preschool special education services". This document provided important information to early childhood special education programs. The combination of both resources provides assistance to school districts and other providers to facilitate growth and change in a manner that promotes promising practices statewide for preschool children suspected of having a disability.

This resource should not be considered a listing of approved assessments as no endorsement or recommendation by the ADE Early Childhood Education unit is implied by the inclusion of any instrument. An appropriate and comprehensive assessment evaluation for any child requires that parents and professionals to work together to determine the components, which are necessary to provide a rich picture of the child's abilities. It is the responsibility of the evaluation team to select the specific assessment instruments for each child.

In addition to the list of preschool assessment instruments, this document contains the following:

- IDEA requirements for preschoolers with disabilities;
- The portions of the Arizona Revised Statutes (ARS) which reference eligibility for special education for preschool children;
- Definitions and recommendations for the evaluation of preschool children developed by the ADE after the Arizona Preschool Assessment Summit in 1991; and
- Examples of forms for use with evaluation.

For further information regarding this document or for technical assistance for your district or school, contact the ADE Early Childhood Education office at 602-542-2727.

## **Purpose:**

A team of professionals from different parts of the state met in December 2003 and January 2004 for the purpose of obtaining clarification in regard to screening and evaluation of young children, ages 3-5, with disabilities. We reviewed resources manuals referred to in the Introduction section as well resource manuals currently available on the Exceptional Student Services website and from other sources in early childhood special education, and compiled this resource document utilizing information from the various sources.

Keep in mind while reading this document the following concepts:

- Evaluation of preschool students for special education is the **same** as utilizing a comprehensive developmental assessment;
- A screening instrument **cannot** be used as part of an evaluation/CDA; and
- A child **cannot be determined to be eligible for preschool speech/language delay (PSL) unless all other preschool eligibility categories are ruled out** (i.e., Preschool Moderate Delay (PMD), Preschool Severe Delay (PSD), Hearing Impaired (HI), and Visually Impaired (VI). This means an evaluation/CDA looking at all 5 areas of development must be administered prior to consideration of using the eligibility category of PSL.
- The forms included are examples compiled from schools districts and Exceptional Student Services. They are not a requirement.

**Evaluation**

=

**Comprehensive  
Developmental Assessment**





## The Screening and Comprehensive Developmental Assessment (CDA)/Evaluation Process

1. Screening/Child Find	2. CDA – Initial Evaluation	3. CDA – Domain Components	4. MET Determination of Eligibility	5. MET Conference/IEP Development
<ul style="list-style-type: none"> <li>❖ A brief developmental Screening of: Cognitive Communication Physical Social/Emotional Adaptive</li> <li>❖ Must include results of: Vision screening Hearing Screening Previous records/ information Observation Parent report Home language survey</li> </ul> <p><b><u>Outcomes:</u></b> Pass? <b>Yes</b> – Stop <b>No</b> – Review existing data Determine need for further evaluation and if needed: Obtain parent consent to evaluate Provide Procedural Safeguards and Prior Written Notice (PWN) Refer for further evaluation Proceed to Step 2.</p>	<ul style="list-style-type: none"> <li>❖ Procedural Safeguards</li> <li>❖ Parent consent to evaluate</li> <li>❖ Prior Written Notice (PWN)</li> <li>❖ Review of existing data</li> <li>❖ A Comprehensive Developmental Assessment of: Cognitive Communication Physical Social/Emotional Adaptive</li> <li>❖ <b>Measures can be:</b> Norm-referenced (at least one instrument must be norm-referenced) Criterion-referenced Judgment-based Play-based Behavior observation Communicative/Behavior sampling Checklist</li> <li>❖ Other instruments for any other info needed in specific domains</li> <li>❖ Parent Input Solicited</li> <li>❖ Test Selection: Culturally relevant Consider child's needs Valid for child</li> </ul> <p><b><u>Outcomes:</u></b> Sufficient information for determining eligibility is obtained. See Step 4.  *If further evaluation is needed in a specific area, go to step 3.</p>	<ul style="list-style-type: none"> <li>❖ Further information may not be needed. Refer to bottom of Step 2. If more evaluation is needed, continue with Step 3.</li> <li>❖ Further Assessment of areas of concern on CDA – Initial Component and from parental input</li> <li>❖ Measures can be: Norm-referenced Criterion-referenced Judgment-based Play based Behavior observation Communicative/Behavior sampling Checklist</li> <li>❖ Test Selection: Culturally relevant Consider Child's needs Valid for child</li> </ul> <p><b><u>Outcomes:</u></b> Information for determining eligibility for special education and related services is obtained.</p>	<ul style="list-style-type: none"> <li>❖ Multidisciplinary Evaluation Team (MET) decision made based on all sources from the CDA Initial and Area – Specific Assessment. If discrepancy exists between test results from different instruments and/or judgments, eligibility is based on preponderance of information.</li> </ul> <p><b><u>Outcomes:</u></b> Written MET report</p> <p><b><u>Eligible?</u></b> <b>NO</b> – Proceed with MET conference <b>Yes</b> – Proceed with MET/IEP conference</p> <p>Identify Preschool Category: Preschool Moderate Delay (PMD) Preschool Severe Delay (PSD) Preschool Speech/Language Delay (PSL) Vision Impaired (VI) Hearing Impaired (HI)</p>	<ul style="list-style-type: none"> <li>❖ Explain/Discuss assessment results with parents</li> <li>❖ Develop program and goals based on assessment results</li> </ul> <p><b><u>Outcomes:</u></b> Placement decision based on least restrictive environment (LRE) Related Services Initiation of Services  Parental Input must be obtained.</p> <hr/> <p><b><u>RULE OF TWO'S FOR FURTHER EVALUATION:</u></b>  Minimum of: 2 Evaluators must be used 2 Instruments must be used  2 Settings are suggested</p>

## **Required Elements in Preschool CDA/Evaluation Checklist**

- ☐ Review of existing data, determine if further evaluation is needed.
- ☐ Obtain parent consent to evaluate.
- ☐ Provide Procedural Safeguards to parents.

### **Components to be obtained:**

- ☐ Vision and Hearing Screening with appropriate follow up
- ☐ Determination of PRIMARY LANGUAGE of the home and child
- ☐ Developmental, medical and educational HISTORY
- ☐ Consideration of RACIAL/ETHNIC/EXPERIENTIAL FACTORS that may impact test results
- ☐ Cultural evaluation
  
- ☐ Conduct CDA by a TEAM OF EVALUATORS (two or more including at least one teacher or specialist in the area of concern)
  
- ☐ COMPREHENSIVE DEVELOPMENTAL ASSESSMENT (CDA), using a single instrument or multiple measures in the assessment of:
  - ☐ Physical development
  - ☐ Social/emotional development
  - ☐ Cognitive development
  - ☐ Communication development
  - ☐ Adaptive development
  
- ☐ MULTIPLE PROCEDURES/MEASURES (two or more)
  
- ☐ NORM-REFERENCED MEASURE(S) that yields, or can be converted to, standard deviations
  
- ☐ Lead to PROGRAMMATIC RECOMMENDATIONS
  
- ☐ INCLUDE PARENTAL INPUT as measured by a norm-referenced, criterion-referenced, or judgment based instrument such as a rating scale, checklist or survey
  
- ☐ MET must determine ELIGIBILITY based upon the preponderance of information and documented in a WRITTEN REPORT
  
- ☐ "Procedural Safeguards" and "PRIOR WRITTEN NOTICE" provided to parents that includes a description of the actions proposed.





## Key Terms

**Multidisciplinary Evaluation Team (MET) Report:** A document or combination of documents that include the findings, interpretations, and recommendations of the MET.

**Minimum Standard:** Must be in compliance with A.R.S. § 15-761(16).

**Best Practice:** The MET report is sufficiently comprehensive in scope, detailed, and relevant. The MET report is sufficiently informative to support IEP planning.

**Comprehensive Development Assessment (CDA):** A criterion-referenced or norm-referenced instrument(s) which assesses the areas required by law for preschool children with disabilities: cognitive development, physical development (including vision and hearing screening), communication development, social and emotional development and adaptive development. The district may use instruments which would yield programming information for their specific curriculum. In order to obtain standard deviations to determine eligibility, at least one norm-referenced assessment must be administered.

The CDA may be one instrument or a combination of instruments and can include information from existing sources such as an early intervention program, another preschool program, health professionals or another school district. Screening instruments are not adequate for consideration as part of a CDA.

**Minimum Standard:** A CDA must be administered in the five areas of development.

**Best Practice:** Selection of the instrument is appropriate to the developmental level of the child. If a norm-referenced, single instrument CDA is used, then domain specific measures in the area(s) of concerns, (areas of potential eligibility) may also be utilized as needed.

**Parental Input:** According to ARS § 15-761.20, “parent” is defined as “... the natural or adoptive parent of a child, the legal guardian of a child, a relative with whom a child resides and who is acting as the parent of a child pursuant to ARS § 15-463.01 or a person who has the power of attorney to act on behalf of the natural or adoptive parent of a child in educational decisions. Parent does not mean this state if the child is a ward of the state.

**Minimum Standard:** An opportunity for parental input must be an integral part of the assessment. This requirement can be met by parent participation in at least one of the following:

1. Completing a judgment based instrument, such as a rating scale;
2. Completing a portion of the comprehensive developmental assessment; and/or
3. Informal/formal interview.

If parent declines or is unable to participate in the assessments, documentation of attempts and results are required.

**Best Practice:** Parent/professional collaboration in assessment is crucial. In addition to providing referral concerns and needs which drive the assessment, parents provide information regarding the child's skills, validate test performance and can assist in eliciting responses from the child during assessment. Maximum parental involvement will yield more reliable assessment information and foster consensus regarding assessment results. The interviewer should be culturally sensitive and conduct the interview in the language of parent choice.

If parents are unable to participate in the assessment, other caregivers can provide valuable input to this process.

**Norm-Referenced Measures:** Norm-referenced standardized instruments are measures which compare a child's developmental skills to those of a normative group, have standard procedures for administration, and reports validity and reliability data which can be assessed by the examiner.

**Minimum Standard:** A minimum of one norm-referenced test which yields a standard score for all areas of concern identified by the Comprehensive Developmental Assessment and/or parental concern corroborates comprehensive developmental assessment findings for any or all domains where concern and possible eligibility exists.

**Best Practice:** Norm-referenced measures should yield information that is useful for program planning. Efforts are made to select instruments which minimize bias due to cultural, racial, linguistic, sensory and physical factors of the child.

Measures should have adequate reliability and validity and should be used in accordance with manual specifications.

**Team of Evaluators:** Assessment teams must include at least two individuals who are knowledgeable in the areas of concern (areas of potential eligibility). Team members might include:

- Early childhood special education teacher
- Speech/language pathologist
- Occupational therapist
- Adaptive physical education teacher
- Physical Therapist
- Regular early childhood teacher
- Physician
- Early intervention specialist
- Social worker
- Vision specialist
- Teacher of the hearing impaired

\*The parent must be a participant providing valuable input in the assessment, but is not to be considered an evaluator.

**Minimum Standard:** A minimum of two evaluators is required.

**Best Practice:** A team comprised of specialists in the areas where concerns are indicated. For example, if a child has been diagnosed with cerebral palsy, an occupational and physical therapist may be essential members in assessing motor skill development.

**Judgment Based Assessment:** Judgment based instruments use the observations, impressions, and/or verbal report of parents and/or professionals in developing information about a child.

Judgment based assessment is especially useful for those children whose characteristics preclude the use of standardized measures. For example, a child's cognitive level, behavior, physical status, etc., may make reliable and valid assessment impossible. For these children, judgment based assessment and CDA may constitute the major portion of the assessment.

**Minimum Standard:** No administration of a judgment based assessment.

**Best Practice:** Judgment based assessment data should be corroborated by other sources such as developmental, medical or educational history.

Strive for consensus across team members.

Consider intra-individual performance profile across the five domain areas. For example, a two year delay in one domain area may be corroborated by a similar delay in one or more of the remaining domain areas.

**Rule of 2's:** Two settings (Best Practice):

1. The issue of two occasions or two settings must allow for environmental factors – such as a testing room and on the playground, for example, or home and office.
2. Using parent response can provide information from another setting and time.

Note: Moving from one testing room to another is not an example of two different settings. The environments must be different in order to reflect the abilities of the child in multiple settings.

**Minimum Standard:** None.

**Mandatory:** 2 Evaluators;  
The two evaluators may be: teacher, social worker, psychologist, speech/language pathologist, specialist, etc.

2 Measures:  
There is a 2-measure minimum required which includes a comprehensive developmental assessment and at least one norm- referenced instrument.

**Criterion Referenced Measure:** Defined as curriculum-based assessments designed to trace a child's achievement along a continuum of objectives.

**Best Practice:** Use of a criterion-referenced instrument in all areas of development. IEP goals are aligned with curriculum and results from criterion-referenced assessment. Use of a criterion-referenced instrument as part of a comprehensive developmental assessment is often preferred because of the ability of these instruments to align any needed IEP goals to be written to the classroom curriculum. This makes the IEP a much more useful tool for the teacher.



# All About Screening.....



A screening procedure is a short, economical, easily administered measure designed to determine whether a more detailed evaluation is needed. A screening can be accomplished using a screening tool that has already been standardized or a district may design their own screening procedures to screen in all five developmental areas. Public Education Agencies (PEA's) must follow Department of Health Services (DHS) vision and hearing screening guidelines. Screening assessments **are not appropriate** for goal selection because they were not designed for that purpose. They are likely to include only a sampling of skills rather than a thorough coverage, and may include items that are not appropriate instructional targets. Screening should be administered in the child's home language.

**Identification (screening for possible disabilities) shall be completed within 45 calendar days after:**

- a. Entry of each preschool or kindergarten student and any student enrolling without appropriate records of screening, evaluation, and progress in school; or
- b. Notification to the public education agency by parents of concerns regarding developmental or educational progress by their child aged three years through 21 years (**AAC. R7-2-401.D.5**).

Screening procedures shall include vision and hearing status and consideration of the following areas: cognitive or academic, communication, motor, social or behavioral, and adaptive development. Screening does not include detailed individualized comprehensive evaluation procedures (**AAC. R7-2-401.D.6**).

Screening means an informal or formal process of determining the status of a child with respect to appropriate developmental and academic norms. Screening may include observations, family interviews, review of medical, developmental, or education records, or the administration of specific instruments identified by the test publisher as appropriate for use as screening tools (**AAC. R7-2-401.B.23**).

## Commonly Asked Questions About The Screening Process

### ***1. Does our district have to screen a child with a formal screening instrument?***

No. A screening may be accomplished using an instrument such as those listed in the Assessment Instrument Section and may also be done by using professional judgment based on informal screening procedures. For example, if a four-year-old shows up at your door exhibiting limited language, is in diapers and is being fed by mother, the district may decide to proceed with a comprehensive developmental assessment evaluation. The team may document that the screening of the child's development was accomplished informally by observation and professional clinical judgment. Districts may design their own screening procedures as long as the child is screened in vision and hearing and the five development domains previously mentioned.

***2. Our district's screening procedure is quite extensive. Can we use our screening as the comprehensive developmental assessment (CDA)?***

No. If the screening instruments are designed for screening, they may not be used for the CDA. For example, if you use the Battelle Screen, it is considered a screening and not part of the CDA. If the child is then thought to need a CDA, you may complete the full Battelle Inventory as one of the components of the CDA.

***3. When a child passes the screening except for communication development, can the district administer a standardized speech/language measure and from that measure to determine eligibility in the category of Preschool Speech/Language Delay?***

No. A CDA examining all developmental areas must be administered. In addition to communication skills, you must assess the child's cognition, motor, adaptive, and social/emotional development. **A child may be considered for the category of Preschool Speech/Language Delay only if he/she does not qualify under Preschool Moderate Delay or Preschool Severe Delay.**

***4. What are the "child find" requirements for children with disabilities?***

Each state educational agency is required to have child find procedures to ensure that all children with disabilities, from birth through 21 years of age residing in the state, who need special education and related services are located, identified and evaluated. This includes children with disabilities attending private and religious schools and highly mobile children with disabilities (such as migrant and homeless children) regardless of the severity of their disability (34 CFR 300.125).

***5. If staff at a child care center or preschool program think a child in their program may need special education, what should they do?***

The state educational agency is responsible for ensuring the location, identification and evaluation of children from birth through 21 years of age in order to determine if the child is eligible for IDEA services. In most states, the responsibility for implementing these child find requirements for children aged three through 21 years rests with the school district in which the child resides. Under the IDEA Part B, states may develop interagency agreements to address which agency (the state education agency or the IDEA Part C lead agency) will be responsible for child find for children from birth to age 3 years. (43 CFR 300.125) Arizona's lead agency for serving children birth through age three is the Arizona Early Intervention Program (AzEIP) through the Department of Economic Security.

If staff at a child care or preschool program believe a child may have a disability and need special education, they may contact the local school district. Staff are encouraged to communicate closely with parents so that parents understand the concerns about their child. A referral to the local school district may be made by the child's parents, by the child's child care or preschool program, or another individual who believes the child may have a disability.

**6. *Who should parents call if they have an infant or toddler who they think may be delayed?***

They need to contact the Arizona Early Intervention Program (AzEIP) at (602) 532-9960. If the child is nearly 3 years of age and they have concerns, they should contact their school district.

**7. *Which screening tool should be used?***

A district may design their own screening procedures in all developmental areas or choose one that has been standardized. See the Assessment Instrument Section for examples of screening tools.

**8. *Why not just evaluate and bypass the screening process?***

The purpose of screening is to quickly probe all developmental areas of a child's development in an attempt to identify those children that may need special education in order to be successful in school. CDA/evaluation instruments are designed to give a more in-depth view of the child in all areas of development, which will assist the team to make eligibility decisions based on the level of performance in each area. CDA/evaluation instruments typically take 1-2 hours to administer while screening instruments typically take about 20-30 minutes. A district could choose to bypass the screening process and go directly into the CDA/evaluation process if the team is in agreement that screening is not necessary.

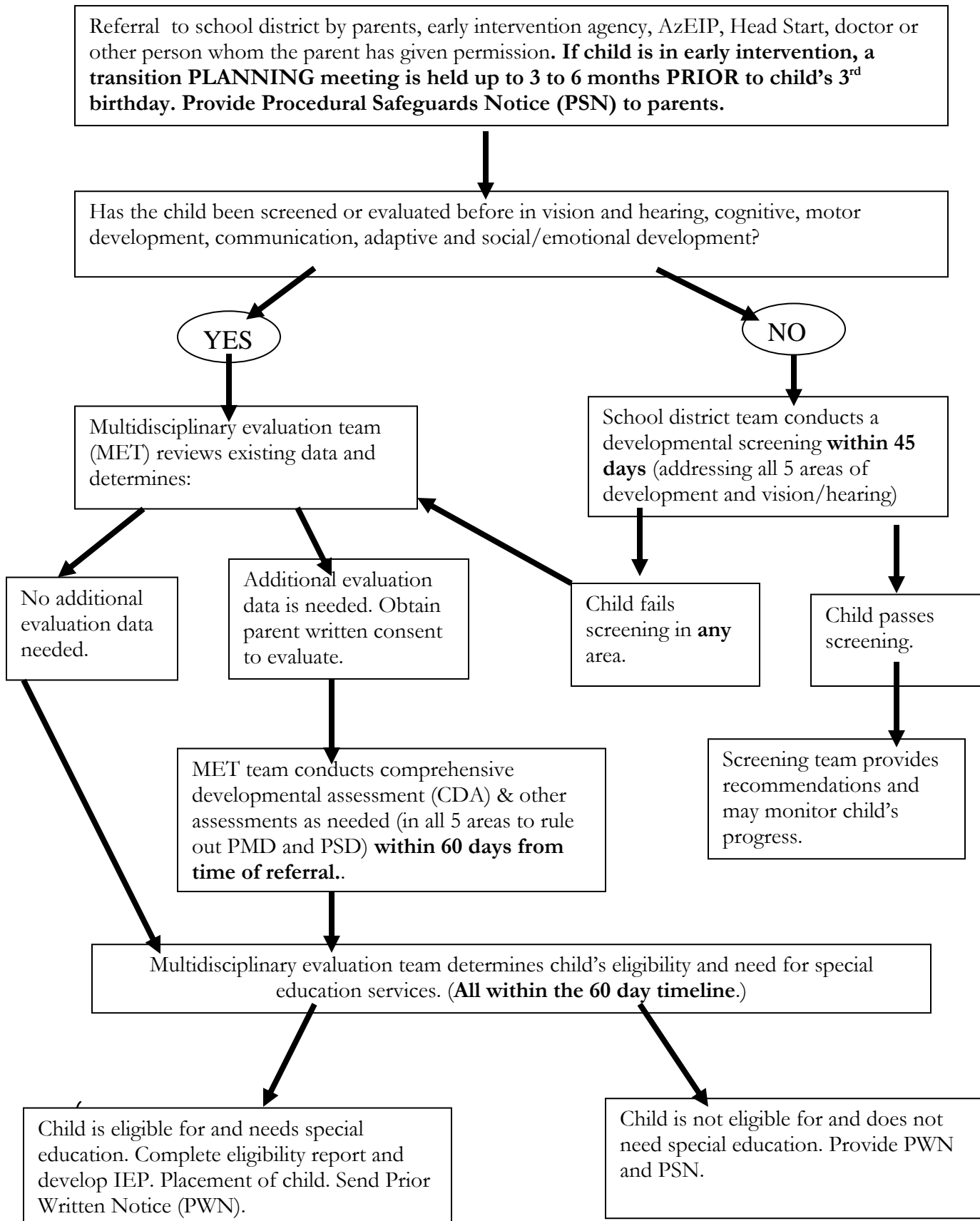
**9. *What is the screening process for the AzEIP referrals to the school district?***

There is no screening process for AzEIP referrals. The team (including the AzEIP team) reviews existing data and makes a decision as to whether further information or evaluation is needed. If the team decides they have enough current evaluation data in all areas of development, then the MET team may decide not to administer further assessment. If the MET team decides they need to do further testing in one or more areas, the MET team will obtain parent permission to evaluate.

**10. *How many staff members help at the screening?***

This decision is made by individual districts. There is no requirement stating that screenings must be administered by a certain number of people. Best practice would be to administer screenings by staff who have been specifically trained to use screening and assessment instruments. Teams can make the most informed decisions when using more than one instrument or process to obtain screening information about the child.

## TIMELINES FOR SCREENING AND EVALUATION OF PRESCHOOL CHILDREN







## Comprehensive Developmental Assessment (CDA)/Evaluation

State and federal IDEA regulations prohibit the determination of eligibility for special education on the basis of one instrument by one evaluator. Best practice guidelines suggest multiple evaluators, multiple assessments, and multiple settings (Bagnato, 1989). The traditional assessment process may not give the best picture of the child for a variety of reasons.

**“Full and individual evaluation” means procedures used in accordance with the IDEA to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs. This evaluation includes:**

- ✓ A review of existing information about the child;
- ✓ A decision regarding the need for additional information;
- ✓ If necessary, the collection of additional information; and
- ✓ A review of all information about the child and a determination of eligibility for special education services and needs of the child (**AAC. R7-2-401.B.12**)

The initial evaluation of a child being considered for special education, or the re-evaluation per a parental request of a student already receiving special education services, shall be completed as soon as possible, but shall not exceed **60 calendar days** from receipt of informed written consent to evaluate. If the public education agency (PEA) initiates the evaluation, the 60-day period shall commence with the date of receipt of informed written consent and shall conclude with the date of the Multidisciplinary Evaluation Team (MET) determination of eligibility. If the parent requests the evaluation and the MET concurs, the 60-day period shall commence with the date that the written parental request was received by the public education agency and shall conclude with the date of the MET determination of eligibility (**AAC. R7-2-401.E.3**)

The 60-day evaluation period may be extended for an additional 30 days, provided it is in the best interest of the child, and the parents and PEA agree in writing to such an extension. Neither the 60 day evaluation period nor any extension shall cause a re-evaluation to exceed the timelines for a re-evaluation within three years of the previous evaluation (**AAC. R7-2-401.E.4**).

Because developmental domains are interrelated (Linder, 1983; Neisworth & Bagnato, 1988), a perceived deficit in one area may mask a deficit in another area. Many tests are designed to evaluate one area of development, and results can be easily misinterpreted by the specialist who is unfamiliar with the child’s abilities in other areas of development. For example, a child with emotional problems may exhibit noncompliant behavior during the structure testing, and language patterns may appear bizarre or severely delayed. The scores derived from traditional assessment often distort the child’s abilities.

Standardized testing of young children comes with a warning label. There is a lack of definition of intelligence in most tests, as well as a lack of theoretical basis. Any score means different things for different individuals; particularly for children with disabilities, developmental skills do not move in relationship to one another. Predictions are poor because early tests assess mainly sensorimotor status, whereas later tests rely to a greater extent on language. The floors of most tests are inadequate and lack instructional utility for young children (Neisworth & Bagnato, 1992).

## **Guidelines for selecting a norm-based instrument**

### **Choose one that..... (Alfonso & Flannagan, 1999)**

- Has a sample of at least 1,000 to 2,000 in the total norm group.
- Has a minimum of 100 in each age group of at least 1 year span.
- Has data that have been collected within at least the last 20 years that match the demographics of U.S. population on at least 3-5 variables (gender, race, socioeconomic status, etc.).
- Offers norm tables with age divisions with a maximum of 3-4 months.
- Presents evidence of reliability and has internal consistency and test-retest stability no lower than .80.
- Offers floors so that a raw score of 1 is at least –2 SD below the mean and total score at least –2 SD below the mean.
- Presents evidence of content, criterion, and construct validity.

## **Eight Developmentally-Appropriate Assessment Standards**

**(Bagnato & Neisworth, 2004):**

1. Authenticity: real behaviors in real settings/natural methods and contexts
2. Convergence: multiple sources of information/synthesis of ecological data
3. Collaboration: working and sharing particularly with caregivers
4. Equity: accommodations to the child's special needs/universal design
5. Sensitivity: inclusion of sufficient items for planning decisions and for detecting change/fine content/measurement gradations
6. Congruence: developed and field tested with children similar to those to whom the procedure will apply/disability design/evidence-base
7. Utility: Usefulness for intervention
8. Acceptability: Social worth and detection

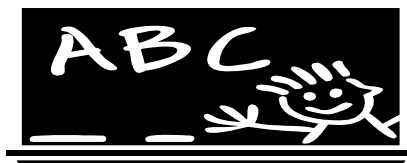


## **Factors That Must Be Addressed When Conducting an Evaluation**

Tests and evaluation materials used for assessment:

- Are not discriminatory on racial or cultural basis
- Are provided in child's native language or other mode of communication unless unfeasible
- Use procedures examining the extent of disability rather than English language skills for English Language Learners
- Use a variety of assessment tools and strategies to gather functional and developmental data, including information from parents, to enable progress in the general curriculum and appropriate preschool activities and determine eligibility and development of an IEP
- Are validated for the purpose for which they are being used
- Are administered appropriately by trained examiners
- Are described regarding the variance if the assessment is not conducted under standard conditions
- Assess specific areas of educational need, not merely provide single IQ
- Measure aptitude, achievement, or other quality rather than reflecting impaired sensory, manual, or speaking skills (unless the impairments are the skills to be measured)
- Should not be a single procedure used as the sole criteria to determine eligibility
- Must cover all areas related to the suspected disability as appropriate (health, vision, hearing, social/emotional, intelligence, academic achievement, communication, motor adaptive)
- Must be comprehensive enough to identify all special education and related service needs whether or not commonly linked to the disability category
- Must be technically sound instruments to assess cognitive, behavioral, physical, and/or developmental factors
- Must use tools and strategies which provide relevant information for determining the educational needs of the child

Controlling bias in evaluation is critical when evaluating English Language Learners (ELL).



## **Different Scenarios for Administering a Comprehensive Developmental Assessment (CDA) to Determine Eligibility**

**There is no one way to administer a CDA.** There are no specific instruments that must be used. The goal of a CDA is to gain as much information as possible about the child. Depending on the screening results, evaluation teams may choose to use a different battery of assessments for specific areas of concern. However, each area must always be assessed. Some areas may be evaluated more in depth depending on the child's needs and/or results of a screening. **Some children may be referred to the district with recent evaluation information that the team must consider in determination of eligibility and further evaluation may not be necessary. This is an MET team decision made after reviewing existing data.** The following are a few **examples** a district evaluation team might use to administer a comprehensive developmental assessment when determining eligibility for preschool children:

### **Scenario 1:**

- Review of existing data; determine needed information which may include:
  - One norm-referenced CDA which assesses all 5 developmental domains (Battelle-2<sup>nd</sup> Edition, Miller Assessment for Preschoolers (MAP), Mullen Scales of Early Learning, etc.)
  - Use of a social/emotional instrument/checklist [Devereux (DECA), PKBS-2]
  - Parent interview
  - Judgment based checklists/observations

### **Scenario 2:**

- Review of existing data; determine needed information which may include:
  - One norm-referenced CDA which assesses all 5 developmental domains
  - One or two instruments that assess a specific developmental domain of concern (Peabody Picture Vocabulary Test, Boehm-3 Preschool/Boehm Test of Basic Concepts, etc.)
  - Parent interview
  - Observations

### **Scenario 3:**

- Review of existing data; determine needed information which may include:
  - Use of one criterion-referenced CDA which assesses all 5 developmental domains
  - One norm-referenced assessment (Vineland for adaptive, etc.)
  - Use of norm-referenced instrument (Bracken for cognitive, etc.)
  - Judgment based checklists/observations

### **Scenario 4:**

- Review of existing data; determine needed information which may include:
  - Use of one criterion-referenced CDA which assesses all 5 developmental domains
  - One or two instruments to assess specific areas of concern (Peabody Developmental Motor Scales PDMS-2, Childhood Autism Rating Scale CARS, etc.)
  - Parent interview
  - Observations

**Scenario 5:** (traditional approach)

- Review of existing data
- Standardized instrument that assesses cognitive domain (IQ testing)
- Norm-referenced instrument which assess communication
- Norm-referenced instrument which assess motor domain
- Norm-referenced instrument which assess adaptive behavior
- Parent interview



**REMEMBER:** There is no one set of instruments to use or one way to evaluate a child for eligibility for special education services. Young children are continually learning and growing and therefore it is to their benefit not to rely on IQ testing. Teams need to gather as much information as possible to make the most informed decisions for eligibility as well as to be able to write the best possible goals for classroom intervention.

## **Evaluation Results**

Upon completion of the assessments, the Multidisciplinary Evaluation Team (MET), which includes parent input, will meet to discuss the evaluation results. The results of the evaluation must be written in a multidisciplinary assessment report.

“Procedural Safeguards” and “Prior Written Notice” must be given to the parent with a description of the outcome of the MET meeting.

## The Rule of 2's Team Approach

Comprehensive developmental assessments to determine eligibility for special education and related services should be administered by a **minimum of two** certified professionals who have received training in administration of assessment instruments and evaluation of young children.

CDA's should be administered using a **minimum of two** instruments, one which must be norm-referenced in order to obtain standard deviations to determine eligibility. It should be noted that there will very rarely be a situation whereby the team cannot obtain standard deviations during a CDA. Looking at the preponderance of evidence would apply in this rare situation.

It is **best practice** to gather information from a CDA from a **minimum of two** settings. For example, it is important to gather information on how the child functions at home and in another setting.

**A team approach to evaluation is best practice** in obtaining information regarding the whole child.



## **Team Approach to Early Childhood Assessment**

The early childhood special education assessment team is a well-established component of quality early intervention programs. Implementing a team assessment model requires additional staff training, reallocation of staff time, and revision of schedules to conduct team assessments. These initial investments in staff training and time yield many benefits to the children and families served. The reasons for implementing a team assessment model in early childhood special education and preschool programs are as follows:

- ❖ The various areas of development overlap in the young child and are less differentiated than in the older child. Therefore, behaviors are more difficult to separate into discipline-specific realms. A single behavior may involve aspects of cognitive, motor, language, and social/emotional development. When a team observes the same behavior, each member can provide a unique perspective and interpretation based on expertise in a particular discipline. Thus, a total picture of the child emerges.
- ❖ The whole (assessment result) is greater than the sum of its parts. The team process provides a more valid and complete synthesis of assessment results than individual reports put together.
- ❖ Teaming is an efficient process that saves time for both staff and families by reducing the duplication of assessment services.
- ❖ The quality of the observations, assessments, and reports is improved. Teaming improves the accuracy of the observations, assists in the recall of specific behaviors, allows synthesis of the information, and provides validation of the observations and recommendations regarding the child's functioning.
- ❖ Observations and recommendations are consistent, and the family does not receive conflicting information. The team process allows one of the team members to work with the family to explain the process and clarify assessment activities, providing an educational experience for the family during the assessment. The development of a parent-professional partnership at the initial contact establishes the family's trust in the system and allows for immediate verification and validation of the assessment results.
- ❖ Team members receive the benefit of learning from one another so that they are all enriched in their knowledge of child development.
- ❖ Team assessment provides an integrated picture of the whole child within the family system and community. The synthesis of information provides a much broader and more accurate view of the child and family.

The composition of an early childhood special education assessment team is dependent on the program's resources, the skills of the staff, and the family's and child's needs. The assessment team should develop a philosophy and service delivery model that reflects and responds to these variables as well as being consistent with best practice.

## **Comprehensive Developmental Assessment Process (CDA)**

As stated throughout this resource manual, a Comprehensive Developmental Assessment (CDA) is defined as criterion-referenced or norm-referenced instruments which assess the areas required by law for preschool children with disabilities: cognitive development, physical development, communication development, social/emotional development, and adaptive development. The district may use instruments which would yield programming information for their specific curriculum.

The CDA is documented through a multidisciplinary evaluation report that must address all developmental domains through:

- Discussion of review of existing data;
- Results of screening and evaluation;
- Background information (e.g., family, social, medical, developmental);
- Results of hearing and vision screening;
- Previous test data;
- Parent input;
- Teacher and related service provider input by observation;
- Present levels of educational performance;
- Special education eligibility; and
- Educational needs.

## **Commonly Asked Questions About a CDA.....**

- 1. The State requires standard scores/standard deviations to determine eligibility. How do I obtain a standard score if the child cannot obtain a basal on a standardized instrument designed for children of the same chronological age?***

For some very involved children, the inability to perform on an instrument standardized on other children of their age level is indication of severe delay. Document the attempt to assess on the team report, and assume the child meets the criteria for performing significantly below the mean when compared to others of the same chronological age. There are several assessment instruments whereby the bulk of the evaluation is by parent report (Vineland, etc.). The MET should consider the use of these instruments to try and obtain a basal for those children who are difficult to evaluate.

- 2. Our district's assessment instruments are all criterion-referenced and play-based. May we use these checklists as our CDA?***

Yes, but not for the entire CDA. The use of criterion-referenced instruments, checklists and play-based assessment is encouraged, but additional area-specific testing must be accomplished in order to satisfy the requirement that eligibility be based on standard scores. If criterion-referenced checklists and/or play-based assessment have been the sole measures used, a norm-referenced instrument should be used for additional area specific testing to examine development in those areas of greatest concern.



**3. *What if a child does not qualify for services based upon the scores obtained from the CDA, yet the child clearly needs intervention services?***

The multidisciplinary evaluation team (MET) must make a determination for eligibility based upon a preponderance of information. This information may be obtained from the screening, from the CDA, from parents, and from previous school/agency/medical records. If all the information combined indicates that the child is in need of services, the team may determine eligibility for the child based on the preponderance of the information.

**4. *Is the parent part of the team?***

Yes. The parent plays an important role in the screening, evaluation and program planning process. Soliciting parental input is an important requirement of the law. The parent is part of the multidisciplinary team which convenes to report on the child's assessment results and determine eligibility. If the child is eligible, the parent plays an important role in helping professionals determine goals, objectives, placement and programming for the child.

**5. *What evaluation procedures must be followed in order to determine a child's eligibility for services under Part B of IDEA?***

- Tests and other evaluation materials must be selected and administered so as not to be discriminatory on a racial or cultural basis. These must be provided and administered in the child's native language or other mode of communication unless it is clearly not feasible to do so;
- Materials and procedures used to assess a child with limited English proficiency must be selected and administered to ensure that they measure the extent to which the child has a disability and needs special education rather than measuring the child's English language skills;
- A variety of assessment tools and strategies must be used to gather relevant functional and developmental information about the child, including information provided by the parent and information related to enabling the child to participate in appropriate activities. This information is used to assist in determining the child's eligibility and the content of the child's IEP or IFSP;
- Any standardized tests that are given to a child must have been validated for the specific purpose for which they are used and must be administered by trained and knowledgeable personnel in accordance with any instructions provided by the producer of the tests. If an assessment is not conducted under standard conditions, a description of the extent to which it varied from standard conditions (e.g., qualifications of the person administering the test or the method of test administration) must be included in the evaluation report;
- Tests and other evaluation materials must include those tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient;
- Tests must be selected and administered to ensure that if a test is administered to a child with impaired sensory, manual, or speaking skills, the test results must accurately reflect the child's aptitude or achievement level or whatever factors the test purports to

measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (unless those skills are the factors that the test purports to measure);

- No single procedure can be used as the sole criterion for determining eligibility and an appropriate education program for the child;
- The child must be assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor ability;
- The evaluation must be sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified;
- The school district/public education agency must use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors in addition to physical or developmental factors; and
- The school district/public agency must use assessment tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the child (34 CFR § 300.532).

***6. If a child has already been evaluated prior to referral for special education eligibility, what other evaluations must be completed?***

As part of an initial evaluation, a review of existing evaluation data must be conducted in order to determine if any additional evaluations are needed in order to determine whether the child is eligible under Part B. Current evaluations of the child from other agencies or providers are an excellent source of information for consideration in determining eligibility. The Part B regulations specify which individuals, including the parent, are required to make the decision regarding the need for additional evaluations and how the information is to be used (34 CFS § 300.533).

***7. How do you conduct team evaluations/team meetings in a rural environment?***

Just remember to use the rule of 2's; minimum of two evaluators; two instruments; and over 2 settings. Best practice is to evaluate using a team approach. However, in some small rural districts, staff may not be available except for once or twice a week. The evaluations may be divided and administered separately in this situation. It would minimize confusion if the district assigned a case manager to coordinate this process.

***8. Can an observer count as an examiner (under the 2-examiner rule)?***

Not unless the observer is certified and part of the evaluating team. Feedback from any observations are welcomed, as well as using more than 2 examiners and instruments/checklists, etc. in the evaluation.

***9. Do the required 2 instruments need to be for each area being tested?***

There are comprehensive developmental assessments (CDAs) that are considered one instrument that evaluates all 5 areas of development. They may be norm-referenced or criterion-referenced. If

a district administers one CDA that is norm-referenced (such as the Miller's or Battelle Developmental Inventory-2<sup>nd</sup> Edition) to obtain their standard deviations, then the district could use another instrument that would provide them with more in-depth evaluation of the area of concern. A district could also combine the same CDA instrument with a checklist or judgment-based survey. A parent survey should be part of any CDA. Some districts may choose to divide up the 5 developmental domains and administer different evaluation instruments for each area of development. This also is considered a CDA. Please refer to the CDA scenario examples at the beginning of this section.

***10. What instruments do you use for developmental evaluations?***

Every district uses different evaluation instruments. It is important to remember that each instrument has its own strengths and weaknesses. It is important that the instruments a district decides to use have been normed on large populations similar to the ones with which the district is working. Test-retest reliability of any chosen norm-referenced instrument should be at least 85%.

***11. What do we use for English Language Learners (ELL) if the language is other than English?***

A district should try and obtain a person who is knowledgeable in the home language to assist with interpretation and evaluation if the child does not speak any English.

***12. What do you do if the parent only wants a speech/language evaluation and does not want the other areas tested?***

It is the district's responsibility to explain to the parents the requirement of the law and follow through with this requirement.

***13. What do you do with a child showing age appropriate skills in all areas but social-emotional?***

If, after administering a CDA evaluation, a child fails in one or more domains but the Standard Deviation (SD) does not quite meet the eligibility criteria, the MET team considers existing data as well as evaluations and previous history. If the team believes there is a preponderance of information demonstrating delays in any one area that would affect the child's education, the MET team can determine the child to be eligible based on the preponderance of evidence.

For example, if a child had a 2 point Standard Deviation in the social/emotional area on a norm-referenced instrument and through observation and information from parents and previous teachers or others, there was a preponderance of information stating that the child had a history of problems in the social/emotional area, the MET team may decide to qualify the child under PSD. Refer to eligibility criteria.



## Methods of Gathering Information and Determining Eligibility

The most appropriate and acceptable approach in determining a child's eligibility for special education and related services is to develop the decision from a variety of procedures. The child must be assessed in all areas of development using a variety of ways to gather information. The areas that must be assessed and/or considered include:

- vision
- hearing
- cognitive
- communication
- social/emotional
- adaptive
- motor (fine and gross motor), and
- developmental history

Because of the convenient and plentiful nature of standardized tests, it is perhaps tempting to administer a group of tests to a child and make an eligibility or placement decision determination based upon the results. However, tests alone will not give a comprehensive picture of how a child performs or what he or she knows or does not know.

There are a number of other approaches that can be used to collect information about children as well. These include:

- curriculum-based assessment
- ecological assessment
- dynamic assessment
- assessment of learning style
- observational informal assessment, and
- play-based assessment

An evaluation team is more likely to obtain a true picture of a young child's strengths and weaknesses by administering assessments in a play-based environment utilizing a combination of instruments and observational techniques. For example, an evaluation team could divide the

developmental sections of a CDA (such as the Battelle Developmental Inventory – R, Brigance Inventory of Early Development II-R, etc.) between team evaluation members and administer the sections in a play-based environment. The evaluation room may be set up like a classroom with a variety of different centers and several children could be evaluated during at the same time. Not only would the evaluation team be able to gather authentic information, but would be able to obtain important observations as to how the child interacts with others and materials and makes choices in the environment in an unstructured, informal manner. Of course, evaluation teams must gather as much information as possible from parents as well as consideration of past developmental history to obtain a complete picture of the child.

These approaches can yield important information about children, especially when assessing children who are from culturally or linguistically diverse backgrounds, and therefore, are critical methods in the overall approach to assessment. Children possessing medical, behavioral or mental health problems may also have assessment information from sources outside of the school. Such information needs to be considered along with assessment information from the school's evaluation team in making the appropriate diagnoses, placement decisions, and instructional plans.

Only through collecting data through a variety of approaches (observations, interviews, tests, curriculum and play based assessment, etc.) and from a variety of sources (parents, teachers, specialists, peers, etc.) can an adequate picture be obtained of the child's strengths and weaknesses. In rare instances, a child may be difficult to test and/or not quite meet the criteria for eligibility. However, when the evaluation team utilizes information from a variety of sources, they may be able to make eligibility decisions based on a preponderance of evidence knowing that if the child does not receive the necessary special education and related services, the child will not receive the intervention they need in order to learn in an educational environment.





## Questions and Answers Related to Eligibility

### ***1. How is eligibility determined?***

Upon completing the administration of tests and other evaluation procedures, a group of qualified professionals and the parent(s) of the child determine whether the child is eligible under Part B. The school district/public agency must provide a copy of the evaluation report and the documentation of determination of eligibility to the parent. (34 CFR § 300.534)

### ***2. How early should transitioning from AzEIP into the school district begin?***

A transition planning conference must be held between the time the child is 2.6 and 2.9 years. For eligible children, the IEP development shall be completed no later than one month prior to the child's 3<sup>rd</sup> birthday.

### ***3. What is preponderance of information?***

Preponderance of information is the general diagnostic indication when all informal and formal assessment data is considered. Any available data from norm-referenced measures, criterion-referenced measures, judgment based assessment, observations, and interview is holistically considered by the MET. Team members strive for maximum consensus.

### ***4. What happens during an evaluation?***

Evaluation of a child means more than the school just giving the child a test or two. The school must evaluate the child in all the developmental areas as well as the areas of suspected disability. This must include looking at the child's health, vision, hearing, social and emotional well-being, pre-academic area, motor development, performance in school and home, and how well the child communicates with others and uses his or her body.

The evaluation process involves several steps. These are listed below:

**Reviewing existing information.** A group of people, including the parents, begins by looking at the information the school and parents already have about the child.

**Deciding if more information is still needed.** The group members look at the information they already have to determine if the child has a particular type of disability. Factors to be considered include how the child is currently functioning at home, school, etc., whether the child needs special education and related services, and the child's educational needs. If the group needs more information to make these decisions, the school must collect it.

**Collecting more information about the child.** Before the school can collect more information about the child, they must have written parent permission. They should also describe how they will conduct the evaluation to the parents.

## EXCERPTS FROM THE ARIZONA REVISED STATUTES (A.R.S. §15) WHICH RELATE TO PRESCHOOL SPECIAL EDUCATION

After the team discusses the evaluation data, the MET determines whether or not the child meets eligibility criteria to be categorized as a child with a disability, and whether or not they need special education services.

**ARS §15-761-9** *“Hearing impairment”* means a loss of hearing acuity, as determined by evaluation pursuant to section ARS §15-766, which interferes with the child’s performance in the educational environment and requires the provision of special education and related services.

**ARS §15-761-23** *“Preschool child”* means a child who is at least three years of age but who has not reached the required age for kindergarten.

**ARS §15-761-24** *“Preschool moderate delay”* means performance by a preschool child on a norm-referenced test that measures at least one and one-half, but not more than three, standard deviations below the mean for children of the same chronological age in two or more of the following areas:

- a) Cognitive development
- b) Physical development
- c) Communication development
- d) Social or emotional development
- e) Adaptive development

The results of the norm-referenced measure must be corroborated by information from a comprehensive developmental assessment and from parental input, if available, as measured by a judgment-based assessment or survey. If there is a discrepancy between the measures, the evaluation team shall determine eligibility based on a preponderance of the information presented.

**ARS §15-761-25** *“Preschool severe delay”* means performance by a preschool child on a norm-referenced test that measures more than three standard deviations below the mean for children of the same chronological age in one or more of the following areas:

- a) Cognitive development
- b) Physical development
- c) Communication development
- d) Social or emotional development
- e) Adaptive development

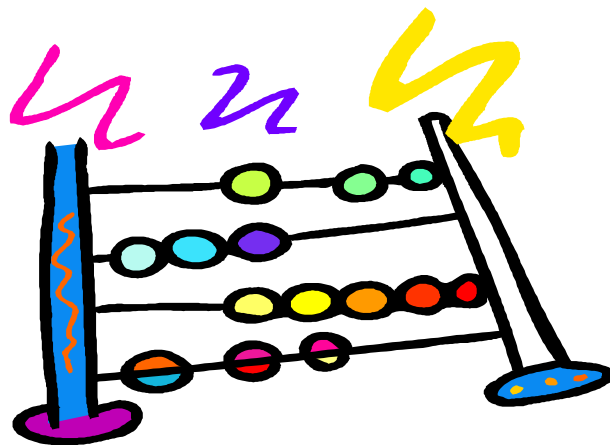
The results of the norm-referenced measure must be corroborated by information from a comprehensive developmental assessment and from parental input, if available, as measured by a

judgment-based assessment or survey. If there is a discrepancy between the measures, the evaluation team shall determine eligibility based on a preponderance of the information presented.

**ARS § 15-761-26** *“Preschool speech/language delay”* means performance by a preschool child on a norm-referenced language test that measures at least one and one-half standard deviations below the mean for children of the same chronological age or whose speech, out of context, is unintelligible to a listener who is unfamiliar with the child. **Eligibility under this category is appropriate only if a comprehensive developmental assessment or norm-referenced assessment and parental input indicate that the child is not eligible for services under another preschool category. The evaluation team shall determine eligibility based on a preponderance of the information presented.**

**ARS § 15-761-38** *“Visual impairment”* means a loss in visual acuity or a loss of visual fields, as determined by evaluation pursuant to section ARS §15-766, that interferes with the child’s performance in the educational environment and that requires the provision of special education and related services.

**Note:** A standard deviation is a unit used to measure the amount by which a particular score differs from the average (mean) of all scores in the sample. Different tests have different standard deviations (typically SD=15, mean=100).





## **A CLOSER LOOK AT THE IEP**

The Individualized Education Plan (IEP) is a written plan for services for children ages 3-21 with disabilities under IDEA. It is the cornerstone of a quality education for each student with a disability. The IEP is a very important document for students with disabilities and for those involved in educating them. This section looks closely at how the IEP is written, who writes it, and what information it must, at a minimum, contain. The IEP must include:

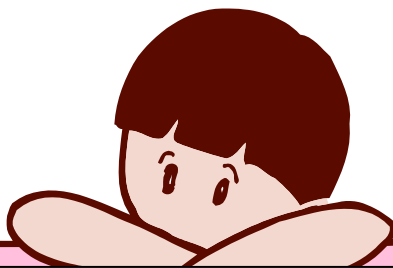
- Present levels of educational performance
- Annual measurable goals, benchmarks, or short-term objectives
- Statement of special education and related services
- Supplementary aids and services and program modification and supports for school personnel
- Participation with nondisabled students
- Participation in state and district-wide assessments
- Dates, frequency, and location of services
- Needed transition services
- Age of majority
- Measurement of progress
- Extended school year services

### **The IEP is:**

- a management tool for monitoring and communicating student performance;
- a communication vehicle between school personnel, parents, and students;
- an ongoing record of commitment of resources to ensure continuity in programming; and
- a document that provides opportunities for collaborating and resolving differences.

### **The IEP is not:**

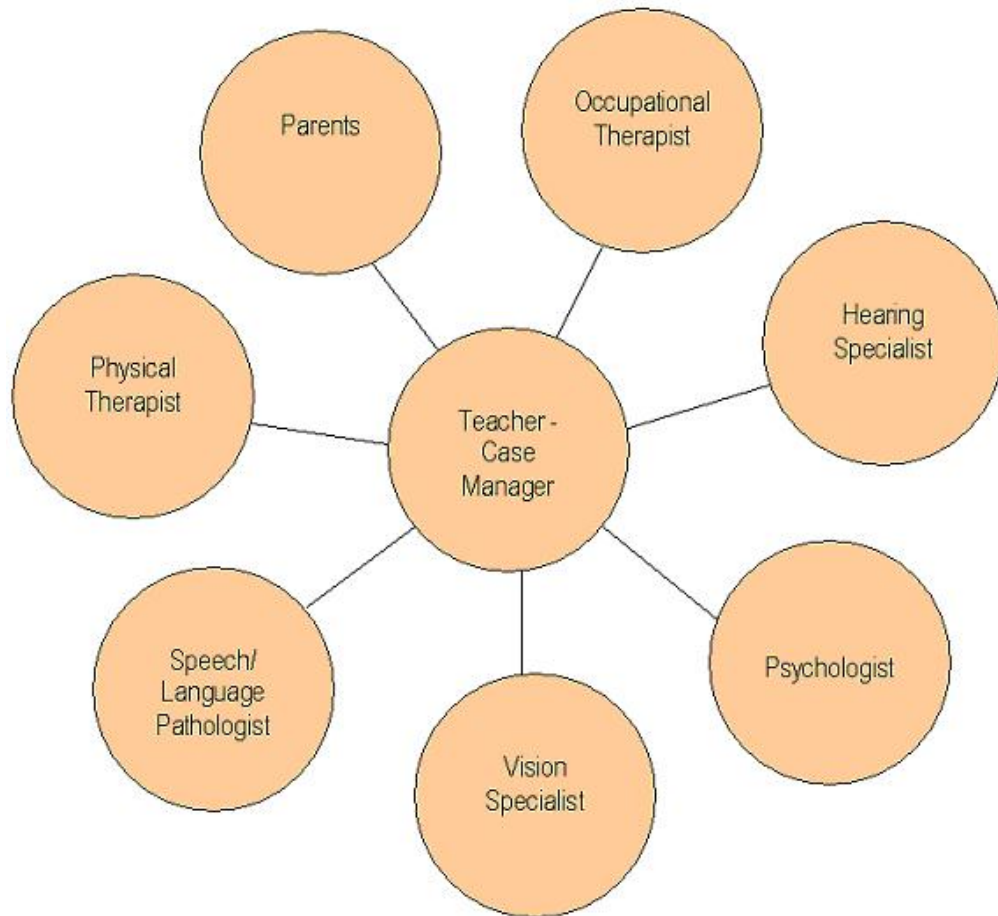
- a daily lesson plan for the teacher;
- a description of everything that will be taught to the student;
- a “one size fits all” document, or
- a document developed by one person.



**For more IEP Guidelines go to:** [www.ade.az.gov/ess/AZTAS/iep.pdf](http://www.ade.az.gov/ess/AZTAS/iep.pdf)

**For AZ Early Learning Standards:** [www.ade.az.gov/earlychildhood/ecestandards.asp](http://www.ade.az.gov/earlychildhood/ecestandards.asp)

## **Best Practice for IEP Case Management**



In most cases, it is to the advantage of the child and team to utilize the classroom early childhood special education teacher as the child's case manager. The early childhood special education teacher is in a position to observe the child on a regular basis and can incorporate the child's IEP goals and benchmarks into the everyday classroom routines and curriculum.

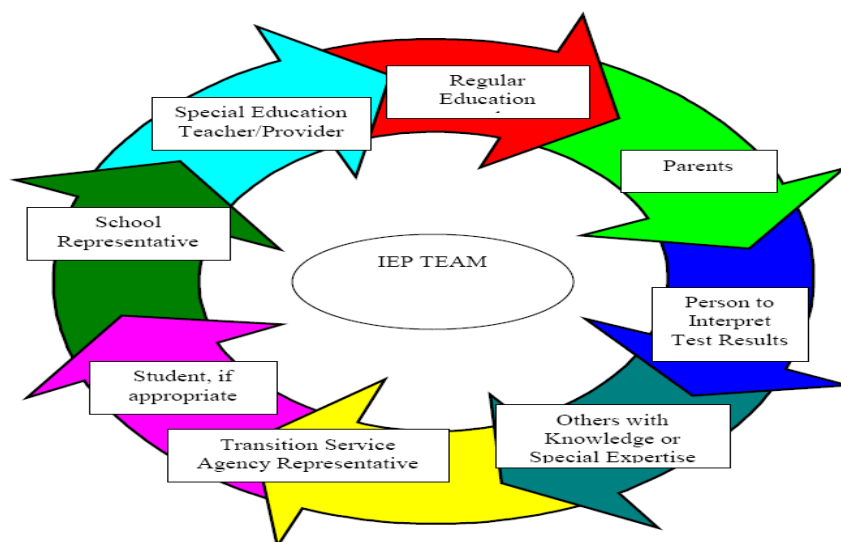
There must be time set aside on a regular basis for all staff and service providers to collaborate regarding a child's IEP goals so that the classroom staff can incorporate all goals and objectives into the child's daily routine.

## THE IEP TEAM

**Requirements For Individualized Education Program Team** (Authority: 20 U.S.C. 1414 (d)(1) 34 CFR §300.344) IEP team.

(a) **General.** The public agency shall ensure that the IEP team for each child with a disability includes—

- (1) The parents of the child;
- (2) At least one regular education teacher of the child (if the child is, or may be, participating in the regular education environment);
- (3) At least one special education teacher of the child, or if appropriate, at least one special education provider of the child;
- (4) A representative of the public agency who -
  - (i) Is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities;
  - (ii) Is knowledgeable about the general curriculum; and resources of the public agency;
- (5) An individual who can interpret the instructional implications of evaluation results, who may be a member of the team described in paragraphs (a)(2) through (6) of this section;
- (6) At the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and
- (7) If appropriate, the child.



## **PRESENT LEVELS OF EDUCATIONAL PERFORMANCE (PLEP)**

<b>Requirements For Present Levels of Educational Performance (Authority: 20 U.S.C. 1414(d) (1)(A) 34 CFR §300.346) Content of IEP.</b>
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|---|
| <p>(a) <b>General.</b> The IEP for each child with a disability must include—</p> <p>(1) A statement of the child's present levels of educational performance, including –</p> <p>(i) How the child's disability affects the child's involvement and progress in the general curriculum (i.e., the same curriculum as for nondisabled children); or</p> <p>(ii) For preschool children, as appropriate, how the disability affects the child's participation in appropriate activities;</p> <p><b>Consideration of Special Factors</b> (Authority: 20 U.S.C. 1414 (d)(3) and (4) 34 CFR §300.346)</p> <p>(2) <b>CONSIDERATION OF SPECIAL FACTORS-</b> The IEP Team shall--</p> <p>(i) In the case of a child whose behavior impedes his or her learning or that of others, consider, when appropriate, strategies, including positive behavioral interventions, strategies, and supports to address that behavior;</p> <p>(ii) In the case of a child with limited English proficiency, consider the language needs of the child as such needs relate to the child's IEP;</p> <p>(iii) In the case of a child who is blind or visually impaired, provide for instruction in Braille and the use of Braille unless the IEP Team determines, after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the child;</p> <p>(iv) Consider the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode; and</p> <p>(v) Consider whether the child requires assistive technology devices and services.</p> |
|---|

The present level of educational performance (PLEP) is a summary describing the student's current knowledge, abilities, skills and other educational achievements. It specifically explains the student's competencies and needs. It states how the student's disability affects his or her involvement and progress in the general curriculum. In addition, it links the evaluation results, expectations of the general curriculum (Arizona Academic Standards), and the related needs of the student.

For preschool children, the PLEP describes how the disability affects the child's participation in age appropriate activities. The PLEP also describes the transition service needs for the student beginning at age 14 (or younger).

## **PROCEDURES**

The IEP team **reviews** and **discusses** current evaluative information, including:

- ❑ the strengths of the child and the concerns of the parents for enhancing the education of their child;
- ❑ the results of the initial or most recent evaluation of the child;
- ❑ as appropriate, the results of the child's performance on any general, state or district-wide assessment programs;
- ❑ the student's progress on the current IEP and any other applicable plans, as appropriate;
- ❑ special factors;
- ❑ transition needs and services, as appropriate;
- ❑ the student's preferences and interests; and
- ❑ how the student's disability will affect his/her involvement in the general curriculum. For a preschool child, how the disability affects the participation in appropriate activities.

The IEP team then **writes** the present levels of educational performance (PLEP) that:

- 1) describes the student's competencies and deficiencies in the general curriculum and other educational areas;
- 2) describes how the student's disability affects the student's involvement and progress in general curriculum (i.e. language arts, mathematics, workplace skills, physical education, etc.) and other areas, such as, daily living, adult living, social and emotional-behavioral areas, physical education services, specially designed if necessary and other needs, as appropriate;
- 3) explains how the disability affects a preschool child's participation in appropriate activities;
- 4) shows a direct relationship between present levels of educational performance and other components of the IEP, such as annual goals and benchmarks or short-term objectives;
- 5) provides sufficient information about the student so that the IEP team can develop appropriate goals, services, modifications, accommodations and address special factors, such as, the need for assistive technology devices and services, language needs for a student with limited English proficiency, positive intervention strategies, and supports the need for instruction in and the use of Braille.
- 6) describes school-to-adult life transition planning, as appropriate;
- 7) explains the student's and parent's goals for post-school activities for the student, if appropriate;
- 8) specifies desired activities in the areas of post-secondary education, vocational training, employment, etc.; and
- 9) describes in the PLEP the student's current knowledge, skills, abilities and experiences in relation to each of the post-school areas targeted.

## **SELF-ASSESSMENT IN DEVELOPMENT OF THE PLEP: HOW DO WE KNOW WE ARE DOING IT RIGHT?**

1. Does the PLEP summarize the student's current performance including strengths and needs?
2. Does it provide a baseline on specific content standards and/or performance objectives included in the Arizona Early Childhood Standards?
3. Does it describe how the student's disability affects his/her involvement and progress in the general curriculum?
4. Does it describe the student's other educational needs such as assistive technology, language and communication, behavior, or instruction in and use of Braille?
5. Does it describe the knowledge and skills that the student should have and be able to do as a result of exposure to the general curriculum?
6. Is it based on evaluation data that includes more than just test scores?
7. Does it contain explanations of test scores, if used?
8. Does it reflect the individual preferences and interests of the student?
9. Will the parent(s), student, and others unfamiliar with the IEP understand what the present levels of educational performance statement means?

## **MEASURABLE ANNUAL GOALS AND BENCHMARKS OR SHORT TERM OBJECTIVES**

**Requirements For Annual Goals and Benchmarks Or Short Term Objectives** (Authority: 20 U.S.C. 1414 (d)(1)(A) 34 CFR §300.347)

(2) A statement of measurable annual goals, including benchmarks or short-term objectives, related to -

(i) Meeting the child's needs that result from the child's disability to enable the child to be involved in and progress in the general curriculum (i.e., the same curriculum as for nondisabled children), or for preschool children, as appropriate, to participate in appropriate activities; and

(ii) Meeting each of the child's other educational needs that result from the child's disability.

### **PROCEDURES** **MEASURABLE ANNUAL GOALS**

Measurable annual goals set the general direction for instruction and assist in determining specific courses, experiences, and skills a student will need to reach his or her vision. **There must be a direct relationship between the goal and the needs identified in the PLEP.** Goals also are descriptions of what a student can reasonably be expected to accomplish within one school year. A goal must be meaningful, measurable, able to be monitored, and useful in decision making. The annual goal is meaningful if it specifies a level of performance and an expectation that is reasonable; the skill or knowledge the goal represents is necessary for success in school and post-school activities; and the family believes the accomplishment of the goal is important. The goal is measurable if it reflects performance or behavior that can be measured or observed.

A goal is able to be monitored if there are multiple increments in performance between the present levels of performance and the criteria stated in the goal. The goal should be written so that it can be monitored frequently. Finally, the goal is useful in making decisions regarding the student's education and the effectiveness of the student's IEP.

To meet the requirements, the IEP team **reviews** and **analyzes** the present levels of educational performance and then **writes** an applicable annual goal for each area of need described. Goals must be written to enable the student to be involved in and progress in the general curriculum and to advance in other areas of educational need.

#### **The IEP team writes annual goals that:**

- ☐ show a direct relationship to the present levels of educational performance;
- ☐ describe only what the student can reasonably be expected to accomplish within one school year or the 12-month term of the IEP;
- ☐ are written in **measurable** terms;
- ☐ prepare the student for his or her desired post-school activities, when planning for the school-to-adult life transition.

### **The goal must include at least three parts:**

- ❑ expected change in performance - specifies the anticipated change in performance from a baseline and usually reflects an action or can be directly observed;
- ❑ proposed area of change - identifies skill, knowledge, understanding or behavior; and
- ❑ proposed criteria - specify the amount of growth, how much and how frequent, or to what standard or level of proficiency.

## **BENCHMARKS AND OBJECTIVES**

The IEP team then **analyzes** each annual goal and **writes** applicable benchmarks (milestones). A benchmark is a milestone that states what the student will know and be able to do relative to the annual goal. It enables the teacher to determine progress toward the annual goal. One method that the IEP team may use to write benchmarks for a goal is to examine the Arizona Academic Standards at the appropriate age or grade level and identify performance objectives appropriate for milestones toward this goal. The IEP team may select those skills the student would need to acquire or be able to perform to reach his or her goal. Two or more benchmarks may be combined, or the IEP team may decide to divide the performance objective (in the content standards) into smaller steps.

### **A benchmark (milestone) contains two parts:**

- ❑ specifies the proposed change in performance( i.e., computes, identifies, shares, etc); and
- ❑ identifies the proposed area of change (geometric concepts, main idea, prefixes and suffixes, predict events, basic facts, etc.

## **SHORT-TERM OBJECTIVES OR BENCHMARKS**

A short-term **objective** is a logical intermediate step between the present levels of educational performance and the annual goal. It states what the student will know and be able to do and how well the student will perform the intermediate step. The short-term objectives must be aligned with the measurable goals; and they are arranged in a logical sequence and always include the criteria for success or acceptable performance.

### **A short-term objective OR benchmark has at least three parts:**

- proposed change in performance,
- proposed area of change, and
- proposed criterion
- It must contain a condition and how it is going to be measured.



## **SELF-ASSESSMENT IN DEVELOPMENT OF GOALS AND OBJECTIVES OR BENCHMARKS: HOW DO WE KNOW WE ARE DOING IT RIGHT?**

1. Is each annual goal measurable?
2. Is there a direct relationship between the present levels of educational performance and the annual goals?
3. Are most annual goals aligned with the general curriculum? (Arizona Early Learning Standards)
4. Is each annual goal challenging, but realistic and achievable within one year?
5. Will completion of the benchmarks/objectives lead to goal achievement?
6. Are the objectives measurable/observable?
7. Are there at least two benchmarks/objectives for each goal?
8. Does each benchmark specify a proposed change in performance (verb) and a proposed area of change (skill, knowledge, understanding or performance)?
9. Does the short-term objective identify proposed change in performance, specify a proposed area (skill, knowledge, understanding, or performance), and establish criteria of acceptable performance?
10. Will the parent(s) and others unfamiliar with the IEP understand what the goal and benchmark/objective statement mean?



## **Questions and Answers Regarding the IEP**

### ***1. Does the evaluation team write up the IEP?***

The evaluation team may assign one person on the team to write the IEP with the parent's input once eligibility has been determined. After eligibility has been determined, the IEP goals and objectives may also be written by each member of the team in the area that they evaluated with the parent's input. Best practice would be that the case manager writes the plan in collaboration from the MET Team. An IEP/MET Team should never come to an IEP/MET meeting with goals and objectives already written up for the parent to sign. IEP/MET members may draft goals to bring to the meeting to discuss with the parents and team and change as necessary after discussion by the entire team.

### ***2. How frequently are the IEP goals changed by the teacher or professionals who will be working with the child?***

An IEP meeting can be called at any time by any member of the team, including the parents, if a change is needed in the IEP. The frequency of changing goals would depend upon the needs of the child.

### ***3. Who is the case manager in the transition to kindergarten process?***

This depends upon the district. Some districts have a transition coordinator to assist children with transitioning to kindergarten. Some districts ask that the early childhood special education teacher to act as case manager to oversee the transition to kindergarten. Other districts utilize another member of the MET Team or a social worker to assist with the transition. There are many different ways this could be done and it is a district decision.

### ***4. If a district evaluates a child and the IEP/MET Team determines that the child is eligible to receive special education services, can the child be put on a waiting list to receive services?***

NO! The district is responsible for providing the special education and related services identified in the IEP. The child cannot be put on a waiting list as this does not provide a free appropriate public education (FAPE) for the child.

## **Example of PLEP, IEP Goals and Objectives or Benchmarks**

The following is just one example of Present Levels of Educational Performance (PLEP), Goals and Objectives or Benchmarks aligned with the AZ Early Learning Standards. The example that is used is based on the results of one assessment in the social and emotional developmental domain. It does not represent the results of a comprehensive developmental assessment (CDA).

### **Present Level of Educational Performance (PLEP) 300.347(a)(1)**

\_\_\_\_\_ 's functioning level is at a significant deficit in the area of social interaction and cooperation on the PKBS which affects his ability to form healthy social relationships. Strength is shown in emotional affect with familiar adults. (Early Learning (EL) Standard #4 in Social and Emotional Development)

### **Measurable Annual Goals, Short Term Objectives, or Benchmarks** **300.347(a)(2)**

#### **Goal:**

After one year of social skills interventions, \_\_\_\_\_ will improve his social interaction and social cooperation level to the average functioning level as measured by the PKBS assessment. (EL Standard Social and Emotional #4)

#### **Short-term objectives or benchmarks:**

1. \_\_\_\_\_ will initiate and sustain positive interaction with peers for 3 minutes per initiation 3 out of 5 opportunities per week.
2. \_\_\_\_\_ will play cooperatively with a small group of children and demonstrate reciprocal turn-taking 3 out of 5 opportunities per week.

While the Early Learning Standards may have several reference numbers after each objective or benchmark which refer to the AZ K-12 Academic Standards, it is not as important that all these numbers be referenced in writing IEP objectives. These numbers will be difficult to understand for parents and team members. We need to remember that the IEP is a user-friendly tool to assist in improvement of the educational performance of the child. Referring to all the numbers, takes away from the purpose of the IEP. It is more important that there is reference to the EL Standard(s) that will align in the PLEP and the Goal(s).



**Special Education  
is a Service  
  
NOT a Place.**

### **Educational Placement of Young Children with Disabilities**

The purpose of education is to ensure that every student gains access to knowledge, skills, and information that will prepare them to contribute to America's communities and workplaces. This central purpose is made more challenging as schools accommodate students with ever more diverse backgrounds, abilities, and interests. For students with disabilities, achieving this common purpose means thinking again about the consequences of special and general education as separate systems, and realizing that no longer can we educate children grouped primarily by their differences if we are to achieve a common educational purpose.

Special education is not a place, although for most students with disabilities it has traditionally been a separate classroom or school where they learn different things in different ways from students without disabilities. In order to change these separate experiences for any child, we must first reexamine the assumption that if you are different you will probably learn less and must be taught differently. Instead, educators need to arrange learning and teaching so that all children benefit from learning together.

**The following is taken from *A New Era: Revitalizing Special Education for Children and their Families* (Commission on Excellence in Special Education, October, 2001)**

“On October 2, 2001, President Bush created the Commission on Excellence in Special Education (the Commission). The Commission continues the President's education vision for America-an America where every public school reaches out to every single student and encourages every child to learn to his or her full potential. Following is two of the nine findings of this Commission:

- ❖ **Finding 1:** The current system uses an antiquated model that waits for a child to fail, instead of a model based on prevention and intervention. Too little emphasis is put on prevention, early and accurate identification of learning and behavior problems, and aggressive intervention using research-based approaches. This means students with disabilities don't get help early when that help can be most effective. Special education should be for those who do not respond to strong and appropriate instruction and methods provided in general education.
- ❖ **Finding 2:** Children placed in special education are general education children first. Despite this basic fact, educators and policy-makers think about the two systems as separate and tally *the cost* of special education as a separate program, not as additional services with resultant add-on expense. In such a system, children with disabilities are often treated, not as children who are members of general education and whose special instructional needs can be met with scientifically based approaches, they are considered separately with unique costs – creating incentives for misidentification and academic isolation – preventing the pooling of all available resources to aid learning. General education and special education share responsibilities for children with disabilities. They are not separable at any level – cost, instruction, or even identification.

## **SUMMARY OF MAJOR RECOMMENDATIONS -**

Overall, federal, state, and local education reform efforts *must* extend to special education classrooms. What was discovered was that the central themes of the *No Child Left Behind Act of 2001* must become the driving force behind IDEA reauthorization. In short, we must insist on high academic standards and excellence, press for accountability for results at all levels, ensure yearly progress, empower and trust parents, support and enhance teacher quality, and encourage educational reforms based on scientifically rigorous research. In addition, we must emphasize identification and assessment methods that prevent disabilities and identify needs early and accurately, as well as implement scientifically based instructional practices.

In response to the findings, the Commission made three broad recommendations. Following is one of the major recommendations which pertains to consideration of children with disabilities as general education children first:

- ❖ **Major Recommendation 3:** *Consider children with disabilities as general education children first.* Special education and general education are treated as separate systems, but in fact *share* responsibility for the child with disabilities. In instruction, the systems must work together to provide effective teaching and ensure that those with additional needs benefit from strong teaching and instruction methods that should be offered to a child through general education. Special education should not be treated as a separate cost system, and evaluation of spending must be based on all of the expenditures for the child, including the funds from general education. Funding arrangements should not create an incentive for special education identification or become an option for isolating children with learning and behavior problems. Each special education need must be met using a school's comprehensive resources, not by relegating students to a separately funded program. Flexibility in the use of all educational funds, including those provided through IDEA, is essential."

## Continuum of Placement Options; Not a "One Size Fits All Approach"

Typically, in the past, all preschool children eligible for special education attended self-contained programs. There every child received the "whole package": a strong program, meeting several days a week, addressing all developmental areas and taught by certificated early childhood special education teachers. Now, with the emphasis on least restrictive and natural environments, schools need to make sure that they offer a continuum of placement options.

IDEA requires school districts to place students in the least restrictive environment (LRE). LRE means that, to the maximum extent appropriate, school districts must educate students with disabilities in the regular classroom with appropriate aids and supports, referred to as "supplementary aids and services," along with their nondisabled peers in the school they would attend if not disabled, unless a student's individualized education program (IEP) requires some other arrangement. This requires an individualized inquiry into the unique educational needs of each child with disabilities in determining the possible range of aids and supports that are needed. Some supplementary aids and services that educators have used successfully include modifications to the regular class curriculum, assistance of an itinerant teacher with early childhood special education training, special education training for the early childhood certified teacher, use of computer-assisted devices, and use of a resource room, to mention a few.

In implementing IDEA's LRE provisions, the early childhood regular classroom in the school the student would attend if not disabled is the **FIRST** placement option considered for each child with a disability **BEFORE** a more restrictive placement is considered. If a child with a disability can be educated satisfactorily with appropriate aids and supports in the regular classroom, that placement is the LRE for that child. However, if the IEP team determines that a child cannot be educated satisfactorily in that environment, even with the provision of appropriate aids and supports, the regular classroom would not be the LRE placement for that child. Any alternative placement selected for the child outside of the regular educational environment must maximize opportunities for the child to interact with nondisabled peers, to the extent appropriate to the needs of the child.

IDEA does not require that every student with a disability be placed in the regular classroom regardless of individual abilities and needs. This recognition that regular class placement may not be appropriate for every child with a disability is reflected in the **requirement that school districts make available a range of placement options, known as a continuum of alternative placements**, to meet the unique educational needs of students with disabilities. This requirement for the continuum reinforces the importance of the individualized inquiry, not a "one size fits all" approach, in determining what placement is the LRE for each child with a disability. The options on this continuum must include the alternative placements listed in the definition of special education under 34 CFR § 300.17 (instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions).

## Continuum of Services Chart

**Least  
Restrictive  
to**

### Regular Preschool Program with Related Services and Supports

Remedial Assist with	Child Study Team
Developmental Weakness	Behavior Specialist
Occupational Therapy	Speech/Language
Physical Therapy	Counseling
Teacher of the Visually Impaired	Teacher of the Hearing Impaired
Adaptive Technology	English as a Second Language
Paraprofessional support	Consult/Collaboration
Team teaching/co-teaching	Specific training for staff
Accommodations/modifications	

### Part-time Regular Preschool Program/Special Education Program

Consulting Teacher/Resource Room/Collaboration  
May be in class or pull out

### Special Class Program

Self Contained Programs  
More intensive support than resource program  
Paraprofessional Support

### Cooperative Educational Services

Special Education day program

### Private Day Facility

Authorized by PEA

### Residential Facility

24 hour/ 7 day  
Authorized by PEA

**More  
Restrictive**



# **Questions and Answers on Least Restrictive Environment (LRE) Requirements of the IDEA**

U. S. Department of Education, Office of Special Education and Rehabilitative Services (OSERS)

Reprinted in its entirety on March, 2004

## **Introduction**

The least restrictive environment (LRE) requirements of Part B of the Individuals with Disabilities Education Act (IDEA) have been included in the law in their present form since 1975. However, these requirements continue to generate complex and interesting questions from the field. In particular, questions have been raised about the relationship of IDEA's LRE requirements to "inclusion."

Consistent with our attempt to provide you and your staff with as much current information as possible and to ensure that the applicable requirements of IDEA that govern the education of students with disabilities are accurately understood and properly implemented, guidance on IDEA's LRE requirements is being provided in a question and answer format.

In most cases, this question and answer document consolidates the prior policy guidance that the Department has provided in this area. We encourage you to disseminate this document to a wide range of individuals and organizations throughout your State. We hope that the above questions and answers are of assistance to you and your staff as you carry out your responsibilities to ensure that disabled students are provided a free appropriate public education in the least restrictive environment.

## **Questions and Answers**

### **1. What are the least restrictive Environment (LRE) requirements of Part B of IDEA?**

**ANSWER:** In order to be eligible to receive funds under Part B of IDEA (IDEA), States must, among other conditions, assure that a free appropriate public education (FAPE) is made available to all children with specified disabilities in mandated age ranges.

The term "FAPE" is defined as including, among other elements, special education and related services, provided at no cost to parents, in conformity with an individualized education program (IEP).

The IEP, which contains the statement of the special education and related services to meet each disabled students' unique needs, forms the basis for the entitlement of each student with a disability to an individualized and appropriate education.



IDEA further provides that States must have in place procedures assuring that, "to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and that special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily."

This provision, which states IDEA's strong preference for educating students with disabilities in regular classes with appropriate aids and supports, is found in the statute at 20 U. S. C. §1412 (5) (B) and is implemented by the Department's regulations at 34 CFR §§300.550-300.556.

For example, when considering placement of an eligible preschool children for special education and related services, the MET team would FIRST consider placement of the child in a regular education preschool (Head Start, Early Childhood Block Grant Program, Private Preschool, etc.) with the special education services to be delivered in that setting. Depending on the needs of the individual child, the services could be direct and/or in collaboration or consult with the regular education early childhood teacher. In addition, funding streams for early childhood programs could be blended to offer a more inclusive environment for young children with special needs. Young children learn from one another and children with disabilities learn more appropriate social/emotional and language skills from their typically developing peers.

## **2. Does IDEA define the term "inclusion?"**

**ANSWER:** IDEA does not use the term "inclusion"; consequently, the Department of Education has not defined that term. However, IDEA does require school districts to place students in the LRE.

LRE means that, to the maximum extent appropriate, school districts must educate students with disabilities in the regular classroom with appropriate aids and supports, referred to as "supplementary aids and services, " along with their nondisabled peers in the school they would attend if not disabled, unless a student's IEP requires some other arrangement. This requires an individualized inquiry into the unique educational needs of each disabled student in determining the possible range of aids and supports that are needed to facilitate the students's placement in the regular educational environment before a more restrictive placement is considered.

In implementing IDEA's LRE provisions, the regular classroom in the school the student would attend if not disabled is the first placement option considered for each disabled student before a more restrictive placement is considered.

If the IEP of a student with a disability can be implemented satisfactorily with the provision of supplementary aids and services in the regular classroom in the school the student would attend if not disabled, that placement is the LRE placement for that student. However, if the student's IEP cannot be implemented satisfactorily in that environment, even with the provision of supplementary aids and services, the regular classroom in the school the student would attend if not disabled is not the LRE placement for that student.

**3. How can IDEA requirements be implemented to ensure that consideration is given to whether a student with a disability can be educated in the regular educational environment with the use of supplementary aids and services before a more restrictive placement is considered?**

**ANSWER:** The relationship of IDEA's LRE requirements to the IEP process is key, since under IDEA, the student's IEP forms the basis for the student's placement decision.

IDEA requires that the IEP of each disabled student must contain, among other components, a "statement of the specific special education and related services to be provided to the child and the extent that the child will be able to participate in regular educational programs." 34 CFR §300.346 (a) (3).

At the student's IEP meeting, the extent that the student will be able to participate in regular educational programs is one of the matters to be addressed by all of the participants on the student's IEP team before the student's IEP is finalized. In addressing this issue, the team must consider the range of supplementary aids and services, in light of the student's abilities and needs, that would facilitate the student's placement in the regular educational environment. As discussed in question 4 below, these supplementary aids and services must be described in the student's IEP.

**4. Does IDEA define the term "supplementary aids and services?"**

**ANSWER:** No. However, in determining the educational placement for each disabled student, the first line of inquiry is whether the student's IEP can be implemented satisfactorily in the regular educational environment with the provision of supplementary aids and services. This requirement has been in effect since 1975 when the Education of the Handicapped Act (EHA), the predecessor to the IDEA, originally became law.

Consistent with this requirement, any modifications to the regular educational program, i. e. , supplementary aids and services that the IEP team determines that the student needs to facilitate the student's placement in the regular educational environment must be described in the student's IEP and must be provided to the student. While determinations of what supplementary aids and services are appropriate for a particular student must be made on an individual basis, some supplementary aids and services that educators have used successfully include modifications to the regular class curriculum, assistance of an itinerant teacher with special education training, special education training for the regular teacher, use of computer-assisted devices, provision of notetakers, and use of a resource room, to mention a few.

**5. How frequently must a disabled student's placement be reviewed under IDEA?**

**ANSWER:** Under IDEA, each disabled student's placement must be determined at least annually, must be based on the student's IEP, and must be in the school or facility as close as possible to the student's home.

Under IDEA, each student's placement decision must be made by a group of persons, including persons knowledgeable about the student, the meaning of evaluation data and the placement options. While the student's IEP forms the basis for the placement decision, a student's IEP cannot

be revised without holding another IEP meeting, which the school district is responsible for convening.

If either the student's parent or teacher or other service provider wishes to initiate review of the student's IEP at a point in the school year that does not correspond with the annual IEP review, that individual can request the school district to hold another IEP meeting. If the IEP is revised, following the meeting, the placement team would need to review the student's IEP to determine if a change in placement would be needed to reflect the revised IEP.

**6. If a determination is made that a student with a disability can be educated in regular classes with the provision of supplementary aids and services, can school districts refuse to implement the student's IEP in a specific class because of the unwillingness of a particular teacher to educate that student in his or her classroom or the teacher's assertion that he or she lacks adequate training to educate that student effectively?**

**ANSWER:** Under IDEA, lack of adequate personnel or resources does not relieve school districts of their obligations to make FAPE available to each disabled student in the least restrictive educational setting in which his or her IEP can be implemented.

Exclusion of a student from an appropriate placement based solely on the student's disability is prohibited by Section 504 of the Rehabilitation Act of 1973.

However, placement in a particular **regular class** based on the qualifications of the particular teacher is permissible under both statutes.

The public agency has an affirmative responsibility to ensure the supply of sufficient numbers of teachers who are qualified, with needed aids and supports, to provide services to students with disabilities in regular educational environments, and to provide necessary training and support services to students with disabilities. The Department encourages States and school districts to develop innovative approaches to address issues surrounding resource availability. Factors that could be examined include cooperative learning, teaching styles, physical arrangements of the classroom, curriculum modifications, peer mediated supports, and equipment, to mention a few.

**7. Once a determination is made that a disabled student cannot be educated satisfactorily in the regular educational environment, even with the provision of supplementary aids and services, what considerations govern placement?**

**ANSWER:** IDEA does not require that every student with a disability be placed in the regular classroom regardless of individual abilities and needs.

This recognition that regular class placement may not be appropriate for every disabled student is reflected in the requirement that school districts make available a range of placement options, known as a continuum of alternative placements, to meet the unique educational needs of students with disabilities. This requirement for the continuum reinforces the importance of the individualized inquiry, not a "one size fits all" approach, in determining what placement is the LRE for each student with a disability. The options on this continuum must include "the alternative placements listed in the definition of special education under § 300.17 (instruction in regular classes, special

classes, special schools, home instruction, and instruction in hospitals and institutions). " 34 CFR §300.551 (b) (1).

These options must be available to the extent necessary to implement the IEP of each disabled student. The placement team must select the option on the continuum in which it determines that the student's IEP can be implemented. Any alternative placement selected for the student outside of the regular educational environment **must maximize opportunities for the student to interact with nondisabled peers**, to the extent appropriate to the needs of the student.

It also should be noted that under IDEA, parents must be given written prior notice that meets the requirements of §300.505 a reasonable time before a public agency implements a proposal or refusal to initiate or change the identification, evaluation, or educational placement of the child, or the provision of FAPE to the child. Consistent with this notice requirement, parents of disabled students must be informed that the public agency is required to have a full continuum of placement options, as well as about the placement options that were actually considered and the reasons why those options were rejected. 34 CFR §§300.504-300.505.

**8. What are the permissible factors that must be considered in determining what placement is appropriate for a student with a disability? Which factors, if any, may not be considered?**

**ANSWER:** The overriding rule in placement is that each student's placement must be individually-determined based on the individual student's abilities and needs. As noted previously, it is the program of specialized instruction and related service contained in the student's IEP that forms the basis for the placement decision. In determining if a placement is appropriate under IDEA, the following factors are relevant:

- a) the educational benefits available to the disabled student in a traditional classroom, supplemented with appropriate aids and services, in comparison to the educational benefits to the disabled student from a special education classroom;
- b) the non-academic benefits to the disabled student from interacting with nondisabled students; and the degree of disruption of the education of other students, resulting in the inability to meet the unique needs of the disabled student.

However, school districts **may not** make placements based solely on factors such as the following:

- category of disability;
- severity of disability;
- configuration of delivery system;
- availability of educational or related services;
- availability of space; or
- administrative convenience.

**9. To what extent is it permissible under IDEA for school districts to consider the impact of a regular classroom placement on those students in the classroom who do not have a disability?**

**ANSWER:** IDEA regulations provide that in selecting the LRE, consideration is given to any potential harmful effect on the student or on the quality of services that the student needs.

If a student with a disability has behavioral problems that are so disruptive in a regular classroom that the education of other students is significantly impaired, the needs of the disabled student cannot be met in that environment.

However, before making such a determination, school districts must ensure that consideration has been given to the full range of supplementary aids and services that could be provided to the student in the regular educational environment to accommodate the unique needs of the disabled student. If the placement team determines that even with the provision of supplementary aids and services, that student's IEP could not be implemented satisfactorily in the regular educational environment, that placement would not be the LRE placement for that student at the particular time, because her or his unique educational needs could not be met in that setting.

While IDEA regulations permit consideration of the effect of the placement of a disabled student in a regular classroom on other students in that classroom, selected findings from Federally funded research projects indicate that:

- (1) achievement test performance among students who were classmates of students with significant disabilities were equivalent or better than a comparison group ( Salisbury, 1993);
- (2) students developed more positive attitudes towards peers with disabilities (CRI, 1992); and
- (3) self concept, social skills, and problem solving skills improved for all students in inclusive settings (Peck, Donaldson, & Pezzoli, 1990, Salisbury & Palombaro, 1993). 1

**10. Are there any resources that the Department is aware of that have proven helpful to educators and paraprofessionals in implementing inclusive educational programs?**

**ANSWER:** The Department has supported a variety of professional development and training projects (e. g., preservice, inservice, school restructuring projects) that address the needs of students with disabilities in inclusive educational programs.

In addition, the Department has financed Statewide Systems Change projects which support changing the setting for the delivery of educational services from separate settings to general educational settings in the school that the student would attend if not disabled.

Numerous materials and products have been developed by these projects which have focused on the strategies that support collaborative planning and problem solving, site based control, curriculum and technological adaptations and modifications, parent and family involvement, and the creative use of human and fiscal resources. These projects have underscored the importance of timely access to resources (e.g., people, materials, information, technology) when they are needed.

## **Links:**

### **National Information Center for Children and Youth with Disabilities**

P. O. Box 1492

Washington, D. C. 20013-1492

Telephone: 1-800-695-0285

( Deaf and hearing-impaired individuals may also call this number for TDD services )

### **Consortium on Inclusive Schooling Practices**

Allegheny Singer Research Institute

320 E. North Avenue

Pittsburgh, PA 15212

Telephone: (412) 359-1600

<http://www.asri.edu/CFSP/brochure/abtcons.htm>

### **California Research Institute on the Integration of Students with Severe Disabilities**

San Francisco State University

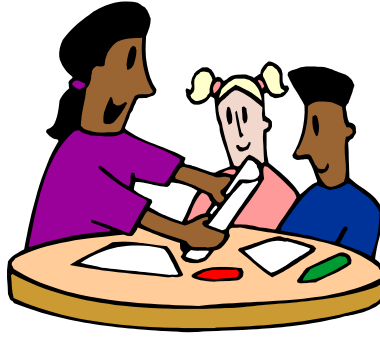
1415 Tapia Drive

San Francisco, California 94132

Telephone: (415) 338-7847-48

(Deaf and hearing-impaired individuals may also call the California Relay Service at 1-(800)-735-2922)

All of the above is printed from: <http://www.wrightslaw.com/info/lre.osers.memo.idea.htm>



"Special education is not about fitting the child into an existing program, but designing a program to meet the needs of each individual child."

### **Components of Appropriate Inclusion**

- ❑ Establish a philosophy that supports appropriate inclusionary practice.
- ❑ Plan extensively for inclusion. Don't just dump and hope!
- ❑ Involve the principal as a change agent.
- ❑ Involve parents.
- ❑ Develop the disability awareness of staff and students.
- ❑ Provide staff with training.
- ❑ Ensure that there is adequate support in the classroom.
- ❑ Provide structure and support for collaboration.
- ❑ Make adaptations, accommodations and modifications.
- ❑ Establish policies and methods for evaluating student progress.
- ❑ Establish policies and methods for evaluating the inclusion program.

## **Questions and Answers Regarding Placement**

### ***1. How do you decide which classroom the qualifying child will be enrolled in?***

A regular classroom setting with appropriate aids and supports should always be considered as the first placement option for a child found eligible for special education and related services. For example, if a child is eligible under PMD because of cerebral palsy, the MET Team should consider placing him/her in the regular classroom first with appropriate services and supports provided in that setting so that the child can be successful in the regular education classroom. If, for some reason(s), after the MET Team decides the child cannot be successful in the regular education placement setting with the appropriate supports and services, ONLY THEN should a more restrictive or different placement option(s) be considered. The reason(s) why the MET Team has determined that the child cannot be successful in the regular education setting must be documented in detail on the IEP. A child should NEVER be placed in a setting because the district decides that is the only setting the district has available.

### ***2. How many minutes do early childhood special education (ECSE) classrooms need to meet according to Arizona Statutes?***

Schools must offer a preschool program that meets 360 minutes or more at least three days per week. The point here is that schools are to provide the amount of special education instruction to meet the individual child's needs. Some children may need more than 360 minutes of instruction per week and some children may need less than 360 minutes per week of instruction. If a school district offers a preschool special education program for a minimum of 360 minutes per week, they can also serve children who do not require 360 minutes a week of services (i.e. children who have articulation needs only) and receive federal reimbursement for those children who need less than 360 minutes a week. If a child is served 360 minutes per week or more, school districts would receive both state and federal reimbursement. Please refer to the Service Code descriptions on the SAIS website page for more information

### ***3. What kind of certification must the early childhood special education teacher have?***

The teacher needs to have a teaching certification in early childhood special education (ECSE).

### ***4. Does the preschool ECSE classroom need to be licensed?***

A preschool ECSE classroom does not need to obtain the Department of Health Services (DHS) licensure if the ECSE classroom has no more than 4 preschool children who are typically developing. However, federal law is highly encouraging the majority of preschool classrooms with special needs to have at least 50% of the preschool classrooms educating



typically developing children along with children with disabilities. Therefore, the Arizona Department of Education, Early Childhood Education unit recommends that all preschool classrooms obtain DHS licensure in order to provide a variety of preschool placement

options to meet the federal requirements. ADE/ECE has no authority to approve the license. The licensure is obtained through the Department of Health Services.

***5. How do districts serve the qualifying children enrolled in Head Start programs, private preschools or community preschool settings?***

A school district may choose to provide special education services to a child in a Head Start program, private school or community child care setting if the MET Team decides this setting would be the child's least restrictive environment. The district would need to contract with these programs for these placements. The district would provide services identified on the IEP in the Head Start, private school or child care setting and/or work with the program to share responsibilities. These arrangements may vary different depending on the needs of both the district and the local Head Start or program. The district should work together with the program to develop a Memorandum of Understanding (MOU) which delineates the responsibilities of each agency or program in an attempt to clarify program responsibilities in serving the child.



## **Organizational Contexts for Preschool Inclusion**

(from *An Administrator's Guide to Preschool Inclusion* by Wolery & Odom, 2000)

### **Public School Programs as a Context for Inclusion**

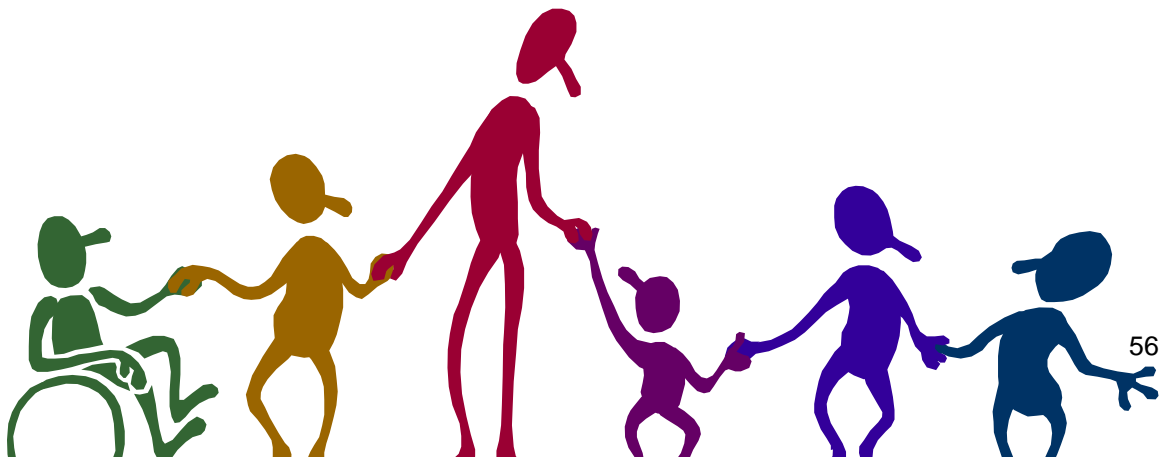
- ✓ Public school preschool programs for children who are educationally at-risk because of family or other circumstances ( Title I or Block Grant funds support these programs)
- ✓ Public school Head Start programs
- ✓ Special education classes converted to include children without disabilities
- ✓ Tuition-based classes in which parents of typically developing children pay fees on a sliding scale for their child to attend a public school child care program

### **Community-Based Child Care as a Context for Inclusion**

- ✓ Corporate, for-profit national programs
- ✓ Locally owned programs operated by individuals or community organizations
- ✓ Mother's Day Out programs at a local church or community center
- ✓ Nonprofit preschools for children from low-income families

### **Head Start as a Context for Inclusion**

- ✓ Local Head Start programs operated by community agencies and typically housed in a local community or school district facility
- ✓ Regional Head Start program operated by an agency other than the public school system and serving children in classroom stretching across many communities





## **Quality Indicators for Inclusive Preschool Programs** (Wolery & Odom, 2000)

### **Program Foundation and Philosophy**

- ✓ High quality programs are guided by a clearly described philosophy, have written goals and objectives, and promote partnerships with parents.

### **Management and Training**

- ✓ In high quality programs, the director communicates expectations to staff, regularly visits classrooms and monitors staff performance, provides ongoing support and feedback, and arranges for on-the-job training.

### **Environmental Organization**

- ✓ High quality programs have open classrooms clearly divided into learning areas with appropriate, child-sized equipment and furniture. Material selection is adequate, accessible, and developmentally appropriate.

### **Staffing Patterns**

- ✓ In high quality programs, staff schedules and responsibilities are defined and followed; staff prepare activities in advance, and staff has time to plan and exchange information.

### **Instructional Content**

- ✓ In high quality programs, functional skills are targeted for instruction, and instruction takes place during naturally occurring classroom routines. Learning activities are developmentally appropriate, and multiple activity options are scheduled and available to children throughout the day. Children do not wait for activities to begin or end.

### **Instructional Techniques**

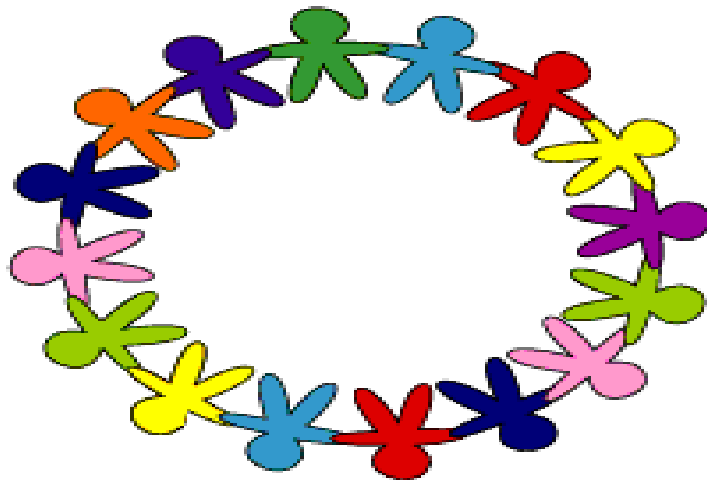
- ✓ In high quality programs, staff responds to child-initiated behaviors, uses appropriate strategies to facilitate practice and learning, and provides individualized attention during activities. Behavior management procedures are planned and used consistently.

### **Program Evaluation**

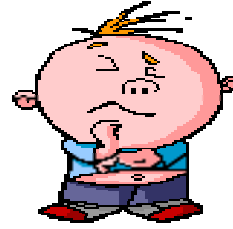
- ✓ In high quality programs, the program has a written plan to monitor goals and objectives. Evaluation is conducted regularly and data used to make decisions toward improvement.

# Inclusion is.....

**Not just a School Issue;  
It is about Belonging and Participation of  
Children with Disabilities as  
Equal and Accepted Members of Society.**



## Special Reminder:



The Arizona Department of Education does not recommend any specific assessment instrument for use in evaluation of young children. The following is a small list of screening and evaluation tools for your reference. **This list is by no means comprehensive as there are many other assessment instruments available for screening and evaluation of young children.**

This document is a product of the Screening to Assessment Task Force, which was formed in January 2004 by ADE to provide valuable input from the field. This committee realizes that some school district/agencies have long-standing and fully implemented preschool programs. Others may be at a different stage in the development toward achieving a fully implemented program. This partial list of screening and evaluation instruments is meant to provide school districts that are in the early stages of implementation of an early childhood program with an idea of some of the available assessment tools that are considered to be developmentally appropriate for use with young children. It is our hope that this list will facilitate growth and change in a manner that promotes promising practices statewide for preschool children suspected of having a disability by providing school districts with a partial list of screening, assessment and evaluation instruments appropriate for use with young children.

## **Screening Instruments**

**Early Screening Inventory-Revised (1997):** Designed to identify children who may be appropriate for referral for special education; to be used along with the Parent Questionnaire (included) and a general physical exam. This is only to determine risk and should be followed by more comprehensive assessment. Functioning in the areas of speech, language, cognition, perception, and fine and gross motor coordination are sampled as developmental tasks, not intelligence. Scores include “refer” and “rescreen” or “no need for assessment”.

**Publisher:** Pearson Learning at [www.pearsonearlylearning.com](http://www.pearsonearlylearning.com).

**Developmental Profile II (DP-II):** This test is designed to screen children for developmental delays. The DP-II includes 186 items, each describing a particular skill. These items are typically answered by the parent or a caregiver who simply indicates whether or not the child has mastered the skill in question. The tests consists of five skill areas: physical, self-help, social, academic, and communication.

**Publisher:** Western Psychological Services at 800-648-8857.

**Developmental Indicators for the Assessment of Learning – 3<sup>rd</sup> Edition (DIAL-3) (1998):**

DIAL-3 assesses the child’s functioning in the five domains of physical, cognitive, communication, social or emotional, and adaptive. There is also a 9 item rating scale of social-emotional behaviors and of intelligibility. The Speed DIAL uses 10 items from the motor, concepts, and language domains. Parents complete a questionnaire with background information and their concerns. Scores yield conclusions regarding potential delay (requires further assessment, or OK (development appears satisfactory).

**Publisher:** American Guidance Services, Inc. at 800-328-2560.

**Ages and Stages Questionnaires (ASQ) – 2<sup>nd</sup> Edition (1999):** There are 19 questionnaires for age intervals from infancy through preschool years, to be completed by caregivers, based on 30 items/activities for the five domains of communications, gross motor, fine motor, problem-solving, and personal-social. Each item is scored in terms of yes, sometimes, or not yet, with cutoff points empirically determined to detect need for further assessment and referral. Available in Spanish, English, French, and Korean.

**Publisher:** Brookes Publishing at [www.brookespublishing.com](http://www.brookespublishing.com).

**FirstSTEP: Screening Test for Evaluating Preschoolers (1993):** The purpose is to screen children who are at risk for developmental delay for further comprehensive assessment. The 12 subtests tap the areas of cognition, communication, motor, social-emotional, and adaptive functioning.

**Publisher:** The Psychological Corporation at [www.PsychCorp.com](http://www.PsychCorp.com).

**AGS Early Screening Profiles (ESP) (1990):** The ESP is intended for ecologically valid screening of children in order to identify those at risk for learning or developmental problems, who require more comprehensive assessment. There are 7 components: cognitive/language, motor, self-help/social, articulation survey, home survey, health history survey and behavior survey. The first three are administered directly to each child and the rest are to be completed by teachers, caregivers, and assessors as appropriate.

**Publisher:** American Guidance Service, Inc. at [www.agsnet.com](http://www.agsnet.com).

## **Norm-Referenced Comprehensive Developmental Assessments**

**Mullen Scales of Early Learning: AGS Edition (1995):** The Mullen assesses cognitive abilities in the domains of visual, linguistic, and motor functions and distinguishes between receptive and expressive processing. The specific scales are gross motor (birth to 33 months only), fine motor, visual perception, receptive language, and expressive language. This information is intended to reflect the child's developmental level, to profile the child's strengths and weaknesses, and to provide a basis for intervention programming. A large number of manipulative materials are provided, but the assessor needs to supply some items such as cereal, crayons, and coins.

**Publisher:** American Guidance Service, Inc. at [www.agsnet.com](http://www.agsnet.com).

**Miller Assessment for Preschoolers (MAP):** This test is designed to identify children who exhibit moderate preacademic problems. The MAP is a short but comprehensive preschool assessment instrument that evaluates children for mild to moderate developmental delays. Items are objective and easy to administer, providing the examiner with a broad overview of the child's developmental status with respect to that of other children of the same age. The test consists of five performance areas: foundations index involving basic motor tasks, coordination index which assesses complex gross, fine and oral motor abilities, verbal index which assesses memory, sequencing, comprehension, association, and expression in a verbal context, nonverbal index which assesses memory, sequencing, visualization, and the performance of mental manipulations not requiring spoken language, and complex task index which assesses sensorimotor abilities in conjunction with cognitive abilities.

**Publisher:** The Psychological Corporation at 800-211-8378.

**Learning Accomplishments Profile-Diagnostic Standardized Assessment 1992 Revision and Standardization (LAP-D):** This test is divided into a hierarchy of developmental skills in four domains with two subscales for each domain: fine motor manipulation, fine motor writing, cognitive matching, cognitive counting, language naming, language comprehension, gross motor body movement, and gross motor object movement. The purpose is to determine mastery of instructional goals.

**Publisher:** Kaplan Press, Kaplan School Supply Corporation at 800-452-7526.

**Brigrance Diagnostic Inventory of Early Development-II (2004):** The IED-II serves as both a diagnostic instrument and criterion-referenced classroom assessment, with new features: normed/standardized option for key skill areas, updated developmental age references, additional social-emotional assessments, and expanded comprehensive skills sequences for assessing incremental gains. The primary, or milestone, assessments are appropriate for assessing children to: provide ongoing consistent and holistic assessment connecting pre-K, K, and the early grades; identify developmental age; pinpoint learning problems; monitor growth and report progress; and individualize instructional objectives.

**Publisher:** Curriculum Associates, Inc. at [www.CurriculumAssociates.com](http://www.CurriculumAssociates.com).

**Battelle Developmental Inventory, 2<sup>nd</sup> Edition (BDI-2) (2004):** This instrument is based on the concept of milestones and can be used by a team of professionals or by an individual service provider. It is appropriate for ages birth to 8, and is ideal for several uses: identification of children with disabilities; evaluation of groups of children with disabilities in early education programs; ongoing progress monitoring assessment of children; assessment (screening) for school readiness and

program evaluation for accountability. The BDI-2 covers the following domains: personal-social, adaptive, motor, communication, and cognitive.

**Publisher:** Riverside Publishing, Inc. at [www.riversidepublishing.com](http://www.riversidepublishing.com)

**“All Children Are Gifted.....  
Some Just Open Their Presents  
Later Than Others”**



## **Criterion-Referenced and Curriculum-Based Comprehensive Developmental Assessments**

### **Assessment, Evaluation, and Programming System (AEPS) Measurement for Three to Six Years:**

The AEPS comes in two volumes: one for assessment and one for curriculum. It is intended for use by direct service personnel including teachers and specialists, with the goal of developing Individual Education Plan (IEP) objectives to be used in conjunction either with its own curriculum or with others such as the Carolina Curriculum for Preschoolers with Special Needs. The content taps functional skills in the domains of fine motor, gross motor, adaptive, cognitive, social-communication, and social development. It also contains family report surveys. Data are gathered through observation of children in their natural environments.

**Publisher:** Brookes Publishing at [www.PsychCorp.com](http://www.PsychCorp.com).

**HELP for Preschoolers (ages 3-6 yrs.):** Is a curriculum-based assessment that covers 622 developmental skills. The HELP for Preschoolers helps you to focus on child strengths as well as needs, provides adaptations for assessing each skill, and promotes high expectations for all children. It is comprehensive – covers 622 skills in the six developmental domains: cognitive, language, gross motor, fine motor, social, and self-help. It is developmentally sequenced – each domain is organized into specific skills, starting at age 3 years and sequenced through 6 years in month-by-month increments. It can be used by all staff involved in the assessment and planning of comprehensive services, e.g., classroom teachers and aides, special educators, therapists, early childhood educators, and psychologists.

**Publisher:** VORT Corporation at [www.vort.com](http://www.vort.com).

**HighScope Preschool Child Observation Record (COR):** is an observational assessment tool designed to measure children's progress in all early childhood programs. The COR is developmentally appropriate and includes assessment in areas of language, math, science, initiative, social relations, creative representation, music and movement. The COR is reliable and valid and enables teachers to chart children's progress over time.

**Publisher:** Kaplan Early Learning Company at [www.kaplanco.com](http://www.kaplanco.com).

**Work Sampling System:** The WSS is an authentic performance assessment that helps teachers document and assess children's skills, knowledge, behavior, and academic accomplishments. It is an instructional assessment that is based on national and state standards. It helps teachers use what the child knows to enhance instruction and improve children's learning. It provides teachers with clear criteria for evaluation that build on their expertise and judgment. The WSS evaluates the following domains: personal and social development, language and literacy, mathematical thinking, scientific thinking, social studies, the arts and physical development and health. While this assessment may not be useful in an initial evaluation of a child to determine eligibility, it would be a very effective assessment for use in writing IEP goals and monitoring progress once a child has been determined eligible and has entered an early childhood program.

**Publisher:** Pearson Early Learning at [www.pearsonearlylearning.com](http://www.pearsonearlylearning.com).

**Brigance Developmental Inventory, 2<sup>nd</sup> Edition (BDI-2) (2004):** See norm-referenced description.

## **Other Evaluation Tools for Use with Young Children**

**Vineland Adaptive Behavior Scales (VABS) (1984); Vineland Adaptive Behavior Scales, Classroom Edition (1985):** This is a norm-referenced assessment often used to evaluate adaptive skills. There are three forms: the Interview Edition-Survey Form, the Expanded Form, and the Classroom Edition. The first contains 297 items and is administered by semistructured interview to the primary caregiver. The second has 577 items, including all those in the survey form, and is also administered by semistructured interview to the caregiver; this form is intended to serve as a basis for program development. The Classroom Edition has 244 items, in questionnaire format, completed by the teacher. The domains covered by all three include Communication (receptive, expressive, written), Daily Living Skills (personal, domestic community), Socialization (interpersonal relationships, play and leisure time, and coping skills), and Motor Skills (gross and fine motor).  
**Publisher:** American Guidance Service at [www.agsnet.com](http://www.agsnet.com).

**Preschool Language Scale – 3 (PLS-3):** This test is designed to isolate areas of strength and weakness with regard to language facility. It is both norm-referenced and criterion-referenced. This test is designed in a format of 3 sections: Auditory Comprehension, Verbal Ability, and Articulation. The PLS-3 offers a comprehensive assessment of receptive and expressive language in young children and meets general federal and state guidelines, including IDEA legislation, for evaluating preschoolers for special services.  
**Publisher:** The Psychological Corporation at 800-211-8378.

**Bracken Basic Concept Scale – Revised (1998):** The Bracken is designed to assess the development of basic concepts in young children. There is an English and Spanish version assessing receptive comprehension of 308 concepts on 11 subtests, the first six of which comprise the School Readiness Composite and tap concepts directly related to educational attainment: Colors, Letters, Numbers/Counting, Size, Comparison, Shapes. The other subtests tap area of Direction/Position, Self-Social Awareness, Texture/Material, Quantity, and Time/Sequence. This test is both norm-referenced and curriculum-based, and the concepts that the child does and does not know can be communicated to teachers and parents. Learning of the concepts can be reinforced through the related intervention program.  
**Publisher:** The Psychological Corporation at [www.PsychCorp.com](http://www.PsychCorp.com).

**The Childhood Autism Rating Scale (CARS):** The CARS offers 15 items intended for the diagnosis of autism, designed to be consistent with five major diagnostic systems. It was especially designed to help differentiate children with autism from those with other developmental delays such as mental retardation. The items reflect relating to people, imitation, emotional response, body use, object use, adaptation to change, visual response, listening response, taste-smell-touch response and use, fear or nervousness, verbal communication, nonverbal communication, activity level, level and consistency of intellectual response, and general impressions. Because of severe rating on any of the behaviors would be atypical at any age, this would be considered a criterion-referenced rather than a norm-referenced procedure.  
**Publisher:** Western Psychological Services at [www.wpspublish.com](http://www.wpspublish.com).

**Preschool and Kindergarten Behavior Scales (PKBS-2-1):** The PKBS-2 provides an integrated and functional appraisal of the social skills and problem behaviors of young children. The scales can be completed by a variety of behavioral informants, such as parents, teachers, and other caregivers.

The PKBS-2 is designed to be used as a screening tool for early detection of developing social-emotional problems, as part of a multimethod assessment battery for classifications and eligibility purposes, to develop intervention programs and gauge subsequent behavioral change, and as an early childhood research tool.

**Publisher:** Slosson, Inc. at [www.slosson.com](http://www.slosson.com).

**Devereux Early Childhood Assessment (DECA) (1999):** The DECA is based on a model of resilience and assesses both within-child protective factors and emotional and behavioral problems of preschool children. It is therefore possible to view behavioral concerns in the context of protective factors. The DECA rating scale can be completed by teachers or parents and includes three subscales within the Protective Factors domain (initiative, self-control, and attachment), as well as a Behavioral Concerns core. It is a 37-item scale that rates the child regarding occurrence of each behavior from never to very frequently. It is intended as a screening device to identify children in need of attention, as well as a source of information regarding programming. The DECA is a standardized, norm-referenced assessment for use with ages 2-5 yrs. 11 months.

**Publisher:** Kaplan Press at 800-334-2014.

**“The Best Inheritance  
One Can Give a Child is the  
Gift of Time”**

## IDEA Background

The Individuals with Disabilities Education Act (IDEA), previously the Education of the Handicapped Act (EHA), was originally passed by the U.S. Congress in 1975 as Public Law (P.L.) 94-142. Its purpose was to ensure all children and youth with disabilities in the United States access to a free appropriate public education (FAPE).

The legislation was amended in 1986 as P.L. 99-457, and included a new Part H – The Infants and Toddlers with Disabilities program for eligible birth through two-year-old children with disabilities and their families. It also changed the existing Preschool Incentive Grant program to the Preschool Grants program under Section 619 of Part B for children with disabilities aged three through five. As a result of these federal provisions and significant efforts on the part of professionals, parents, and state and local policy-makers, by 1992 all states made FAPE available to all children with disabilities, aged 3 through 5.

In the years that followed, IDEA was amended a number of times with the most significant revisions occurring in 1997 through P.L. 105-17, the IDEA Amendments of 1997. According to the U.S. Department of Education (Federal Register, October 22, 1997, pgs. 55028-55029), this reauthorization, referred to as IDEA '97, was directed at improving the results for children with disabilities by promoting the following improvements to Part B:

- ✓ Early identification and provision of services;
- ✓ Individualized Education Programs (IEPs) that focus on improving results through the general curriculum;
- ✓ Education with nondisabled children;
- ✓ Higher expectations for children with disabilities and agency accountability;
- ✓ Strengthened role of parents and partnerships between parents and schools; and,
- ✓ Reduced paperwork and other burdens.

The regulations implementing Part B of IDEA '97 apply to children and youth with disabilities ages 3 through 21. The U.S. Department of Education, Office of Special Education Programs (OSEP) is responsible for enforcing these regulations as well as state departments of education.



## **ARS §15.771. Preschool programs for children with disabilities; definition**

**A.** Each school district shall make available an educational program for preschool children with disabilities who reside in the school district and who are not already receiving services that have been provided through the department of education. The state board of education shall prescribe rules for use by school districts in the provision of educational programs for preschool children with disabilities. School districts are required to make available educational programs for and, for the purposes of calculating average daily attendance and average daily membership, may count only those preschool children who meet the definition of one of the following conditions:

1. Hearing impairment
2. Visual impairment
3. Preschool moderate delay
4. Preschool severe delay
5. Preschool speech/language delay

The school district may make available an educational program for speech or language impaired preschool children whose performance on a standardized language test measures one and one-half standard deviations, or less, below the mean for children of their chronological age. The superintendent of public instruction shall prescribe guidelines for the eligibility of speech or language impaired children, except that eligibility under this subsection is appropriate only when a comprehensive developmental assessment or norm-referenced assessment and parental input indicate that the child is not eligible for services under another preschool category.

**B.** The state board of education shall annually distribute to school districts at least ten per cent of the monies it receives under 20 United States Code section 1411(c) (2) for preschool programs for children with disabilities. The state board shall prescribe rules for the distribution of the monies to school districts.

**C.** The governing board of a school district may submit a proposal to the state board of education as prescribed by the state board to receive monies for preschool programs for children with disabilities as provided in this section. A school district which receives monies in the special projects section of the budget as provided in section 15-903, subsection F.

**D.** All school districts shall cooperate, if appropriate, with community organizations that provide services to preschool children, with disabilities in the provision of the district's preschool program for children with disabilities.

**E.** A school district may not admit a child to a preschool program for children with disabilities unless the child is evaluated and recommended for placement as provided in sections 15-766 and 15-767.

**F.** For the purpose of allocating monies pursuant to 20 United States Code section 1419(g)(1)(B)(i), “jurisdiction” includes high school pupils whose parents reside within the boundaries of a common school district. The common school district shall ensure such high school pupils are not counted by any other school district.

**G.** For purposes of this section, “preschool child” means a child who is at least three years of age but who has not reached the age required for kindergarten. A preschool child is three years of age as of the date of the child’s third birthday. The governing board of a school district may admit otherwise eligible children who are within ninety days of their third birthday, if it is determined to be the best interest of the individual child. Children who are admitted to programs for preschool children prior to their third birthday are entitled to the same provision of services as if they were three years of age.



Summary and Recommendations  
of the  
Arizona Preschool  
Assessment Summit  
For  
The Evaluation of Arizona's Preschool Children  
Suspected of Having a Disability

September 1991

C. Diane Bishop  
Superintendent of Public Instruction

**SUMMARY OF THE ARIZONA PRESCHOOL  
ASSESSMENT SUMMIT**

held  
April 25 and 26, 1991  
Phoenix, Arizona

The following is the list of participants in the Arizona Preschool Assessment Summit. The category which each represented is identified.

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## **SELECTED POINTS OF DISCUSSION**

What follows is not a transcription of the discussion at the Arizona Preschool Assessment Summit, but rather a condensation of the discussion that took place in 1991. It is designed to paint a picture of the decision-making process by which the preschool eligibility criteria and assessment standards for Arizona were developed.

**Question:**            **What do you think key considerations or goals for this summit need to be?**

Busenbark:            First, we are to review federal and state statutes and regulations regarding eligibility for special education and try to determine the minimum standards for Arizona. Second, we are to determine "best practices" we would like to see implemented.

Bagnato:              What the states are doing will change the federal regulations. The states are currently being very creative about how eligibility is being determined. I suggest that regulations be changed in the direction toward inclusion rather than exclusion.

Danielson:            It may be impossible to come to agreement. PL 99-457 allows us to do things that PL 94-142 did not allow. The distinction must be made between who is handicapped and who is not because handicapped children generate dollars. Assessment for eligibility and programming are very different issues.

Bagnato:              The concept in the field is that if we choose the right instrument we will automatically make the right decision. Preschoolers are not standardized. It is important to choose good instruments, but clinical judgment must be considered.

Neisworth:            People make decisions, tests don't. I question how we can spend time taking a psychometric approach, with all the possible problems with tools.

Demetras:             We need many different sources of information. We need a SET of guidelines to determine best practices. Assessment is not just testing. It includes many facets. We need to train individuals in being reliable and valid in their clinical judgment and to recognize where standardized measures are not needed.

Bagnato:              How do we factor in parent input, perhaps even when it runs contrary to what evaluations may be saying?

Breecher:             Get away from what law says and move to what law should say. Look at what procedures should be. There is concern about children being put into

handicapped programs when they don't belong. We need a rational basis for the decision. We need some kind of number because this comes from both federal and state law. The key is to have some kind of justification for the decision.

Santa Maria: When we have confusion about the educational process, we choose to make it look like something we already know. Administrators are comfortable making preschool look like school age.

Katz: If it's not in the regulations, then administrators won't do.

Danielson: The issue is that people in the field want services provided to more children, and people who control dollars want less children eligible. Special Education can't serve everyone. Standardized tests are probably one way to start. We all know that standardized tests don't work well for pre-schoolers. We have to document the need for services and work from there. Involving parents is important, but we can't exclude a child just because the parents aren't involved.

**Question: Do we have to include a cut-off score?**

Breecher: Yes, to show the legislature that we are not trying to include all children.

**Question: Who currently must be on the Multidisciplinary Team?**

Breecher: Arizona uses a three step process:

- 1) The Multidisciplinary Evaluation Team (MET) needs to be two or more professionals. It can't be just a psychologist who makes the decision that the child is eligible. A single professional can say that child meets the assessment criteria for eligibility, but the team makes the decision regarding the eligibility for special education services. A teacher is an integral part of the process. The parent is not a member of the Evaluation Team.
- 2) The IEP Team includes the parent, a teacher, a school administrator, and (if this is an initial placement) a representative of the Evaluation Team. This team writes the IEP and then (NOTE: this has changed with IDEA 1997)
- 3) Makes the placement decision.

Some districts combine all three steps into the same conference. Other districts separate Step 1 but combine Steps 2 and 3.

**Question:** At this point, can we outline the areas of agreement?

**CONSENSUS: THE COMPONENTS OF AN ELIGIBILITY ASSESSMENT ARE:**

**MINIMUM STANDARDS:**

Assessment must be over two settings, by at least two evaluators, utilizing multiple sources of information to include:

1. Comprehensive developmental assessment
2. Norm-referenced instruments
3. Judgment based assessment

Assessment must follow an assessment strategy, which has been documented in writing.

An opportunity for parental input must be an integral part of the assessment. This requirement can be met by having the parent complete at least one of the following that addresses the areas of parental concern:

1. A judgment based instrument such as a rating scale
2. A part of the comprehensive developmental assessment

The following requirements are currently part of school age regulations and must be included in preschool records

- Vision and Hearing screening
- Home language assessment
- Medical history
- Developmental/Educational History

**BEST PRACTICES:**

The results of the assessment will offer the most comprehensive picture of a child by using a wide variety of options of instruments/techniques. The more numerous and varied the sources of information, the closer to "best practice" we get. The following are some of the types of instruments/techniques, which can be effectively used:

**Comprehensive Developmental Assessments (CDA)-** defined as criterion referenced or norm-referenced instruments which assess the areas required by law for preschool handicapped children - cognitive skills, motor development, communication ability,

psycho/social development, and self-help development. The district may use instruments which would yield programming information for their specific curriculum.

**Norm-referenced standardized instruments** - defined as assessments which compare a child's developmental skills to those of a normative group, has standard procedures for administration, and reports validity and reliability data which can be assessed by the examiner.

**Judgment based assessments** - defined as instruments which use the impressions of professions, parents, and caregivers in developing information about a child.

**Criterion-referenced instruments** - defined as developmental or curriculum based assessments designed to trace a child's achievement along a continuum of objectives.

**Systematic observation** - defined as pre-planned observation with identified goals and systematic recording of behaviors.

**Functional skills assessment** - defined as informal assessment on how the child is doing in the world at large.

**Family derived information** - defined as parent/child assessment including information on the interactions between the parent and the child, family identification of priorities and goals, useful strategies, and information from the extended family through family interviews or any other method.

**Question:** Have we reached additional areas of agreement?

**CONSENSUS: THE RECOMMENDED DEFINITIONS PRESCHOOL CATEGORIES ARE:**

**PRESCHOOL - MODERATELY DELAYED (PMD)** means a child who is at least three years of age but who has not reached the required age for kindergarten and whose performance on a standardized norm-referenced test measures at least one and one-half, but not more than three, standard deviations below the mean for children of the same chronological age in two or more of the following areas: 1. cognitive skills, 2. motor skills, 3. sensory skills, 4. language skills, 5. social/emotional skills, 6. self-help skills. This must be corroborated by information from a comprehensive developmental assessment, from judgment based assessment and from parental input. In the event that there is a discrepancy between the measures, the Evaluation Team will make the decision based upon the preponderance of evidence.

**PRESCHOOL - SEVERELY DELAYED (PSD)** means a child who is at least three years of age but who has not reached the required age for kindergarten and whose performance on a standardized norm-referenced test measures at least three standard deviations below the mean for children of the same chronological age in one of the following areas: 1. cognitive skills, 2.

motor skills, 3. sensory skills, 4. language skills, 5. social/emotional skills, 6. self-help skills. This must be corroborated by information from a comprehensive developmental assessment, from judgment based assessment and from parental input. In the event that there is a discrepancy between the measures, the Evaluation Team will make the decision based upon the preponderance of evidence.

**PRESCHOOL - SPEECH/LANGUAGE DELAYED (PSL)** means a child who is at least three years of age but has not reached the required age for kindergarten and whose performance on a standardized norm-referenced language test measures greater than one and one half standard deviations below the mean for chronological age or whose speech, out of context, is unintelligible to an unfamiliar listener. The Evaluation Team must rule out the child's eligibility for any other preschool handicapped category through a comprehensive developmental assessment and/or standardized norm-reference measures, and parental input. In the event that there is a discrepancy between the measures, the Evaluation Team will make the decision based upon the preponderance of evidence.

**CONSENSUS: WHEN MONITORING FOR COMPLIANCE THE FOLLOWING SHOULD BE PRESENT:**

If the existence of a discrepancy on norm-referenced standardized instruments sufficient to meet the requirements of the law is not present, there must be documentation of the information used by the team to make the determination of eligibility.

Documentation of the level of parental participation in the assessment process must be included in the evaluation report.

**Question:** Shouldn't both best practice and worse-practice be identified so we know what not to do as well as what to do?

Busenbark: We can develop a "Horror File" type document if it would be helpful.

**Question:** What do we do about children whose handicapping condition makes them especially difficult to assess?

Danielson: If the child can't perform on tests, then it can be taken that child is eligible - once you are sure that you have selected tests that are appropriate for the child. Document the effort and the inability to perform.

**Question:** Why screen if you plan to use Comprehensive Developmental Assessment (CDA)?

Neisworth: Screening instruments do not have sufficient items to be sensitive enough to give good information needed for programming, i.e. they

are not dense enough to provide adequate information.

**Question:** For the Speech/Language child, can the two people involved be the Speech therapist and the parent?

Breecher: The parent is not an evaluator and, therefore, would not count as one of the two evaluators needed.

**Question:** With no other problems evident, can a child be identified as Speech only?

Demetras: We must look at how the speech problem affects other areas of functioning. The CDA should rule out or highlight other problem areas which may need additional assessment. We do recognize that there are such individuals as SPEECH ONLY children.

**Question:** How do we choose the "right" test?

Breecher: Norm-referenced tests are required by the legislation; therefore, we must start with this.

Danielson: I suggest that a separate group be assigned to develop the list of criteria that are useful in evaluating assessment instruments.

Bagnato: Reliability and validity are not inherent in the instrument. The more a child diverges from the norm group the less confidence that can be placed on the results obtained. Then the other factors of the test rather than the psychometric factors, such as the content, become important in selecting an instrument. It may be important to have test-retest reliability as a criteria, but other factors may be as important.

Danielson: However, reliability is fundamental to the usability of an instrument.

Neisworth: The factors that should be considered by individuals who want to be good consumers of instruments are:

**Comprehensiveness** (includes the typical developmental curricular domains, behavioral concerns, family needs, and environmental dimensions)

**Continuity** (covers a wide age or developmental range)

**Sensitivity** (encompasses enough representative items for a broad range of skill levels)

**Adaptability** (allows for a child's best response mode)



**Treatment Validity** (is relevant to planning and implementing instruction and therapy)

**Social Validity** (indicates the importance and acceptability of intervention)

**Technical Adequacy** (addresses issues of validity and reliability)

Neisworth: For programmatic assessment content validity is major question. If you use an assessment that does not match what you're teaching, no progress will be shown. Program objectives must match assessment.

Davis: The reality of assessment in the field is: how to get many children assessed in limited amount of time with limited staff. Assessment instruments must be selected with this reality in mind while still being appropriate for the child.

**Question: Does two settings mean two rooms or two days?**

Bagnato: The issue of two occasions or two settings must allow for temporal factors - such as morning and afternoon or two separate days, and for environmental factors - such as in a testing room and on the playground, for example.

Danielson: The two professionals need not be together to do assessment.

Katz: We should think about doing assessments differently. Teachers can do home visits to do testing and to get to know family and background. We can use the opportunity to get to know the child in a more natural setting.

Kessler: Using parent response gives a prompt toward best practices by getting information in another setting from the parent. It comes closer to providing information about two time periods and in two settings.

Santa Maria: The reality is that pre-school teacher don't just do pre-school. Assessment needs to take into account the limitations imposed upon the personnel by the districts.

**CONSENSUS: MOVING FROM ONE TESTING ROOM TO ANOTHER IS NOT AN EXAMPLE OF TWO DIFFERENT SETTINGS. THE ENVIRONMENTS MUST BE DIFFERENT IN ORDER TO REFLECT THE ABILITIES OF THE CHILD IN MULTIPLE SETTINGS.**

**Question:** **Why has it been determined that parents can't be an evaluator?**

Kessler: The parent can't be one of the two required professionals. Instead he/she serves as the third evaluator. Parents are knowledgeable informants.

Breecher: The district should use information that the parent provides, but parent is not an evaluator.

Bagnato: Arizona appears to be giving parents very limited roles if they are not being used as evaluators. You need to train parents to be assessors of their child. Professionals must learn to step back and listen to parents.

Busenbark: The goal is to use parents as providers of rich data, but they are not evaluators.

Davis: Parents are not interpreting data. They help provide the data.

Demetras: Parents must be involved in some aspects of the assessment process, but professionals may need the flexibility to see the child without the diversity.

**Question:** **How do we distinguish between a child with a 'delay' as a result of language, environmental, or cultural differences and a child who is delayed because of a handicapping condition?**

Busenbark: We should convene a separate group to discuss the issues of multicultural or multilingual children. There may not be an impact on what the regulations actually say, but rather an impact at the best practices level. Perhaps at the networking conference a separate strand could be established to deal with this issue. We will develop a task force from the observers and the participants in the summit. As well as others, to explore this issue.

Tanner: The standards that were determined yesterday should not preclude cultural sensitivity.

Kessler: Perhaps we should revisit the issue of A.R.S., Section 15-766, and determine whether this is clearly stated.

Neisworth: In Section D.3A. of the Arizona State Board of Education Regulations, I suggest the addition of "...and any sensory or response modifications..." so that the sentence reads "The child's racial ethnic background, the primary language of the home, the language in which the child is proficient, and any sensory or response modifications shall be considered in selecting comprehensive evaluation strategies prior to the comprehensive evaluation and in interpreting results of

the comprehensive evaluation.”

Breecher: This could be added as the regulations are in the process of being rewritten.

Tanner: This may be a training issue more than a regulations issue.

**CONSENSUS:**                    **ESTABLISH A WORK GROUP TO DISCUSS**  
**MULTICULTURAL AND MULTILINGUAL ISSUES**  
**RELATED TO ASSESSMENT.**

**APAS RECOMMENDATIONS**

It is recommended that the Multidisciplinary Evaluation Team (MET):

1. Develop an evaluation plan by determining components of a comprehensive evaluation which already exist through such documentation as medical records and early intervention program records.
2. Plan/schedule the additional necessary components to the comprehensive evaluation.
3. Conduct vision and hearing screenings, home language survey, and medical, educational, social, and developmental history.
4. If it is not already available and current, administer a comprehensive developmental assessment (CDA) which considers the areas of cognitive development, physical development, communication development, social/emotional development and adaptive development. This CDA can be criterion or norm referenced and can be administered by a qualified teacher, early intervention specialist, or other direct service provider.
5. Request that the parents provide systematic, structured impressions of their child’s abilities and needs through a judgment-based instrument such as a rating scale or checklist.
6. Administer norm-referenced standardized tests in all areas of weaknesses identified by the CDA and from parent input. Each of these measures must be administered by an individual holding the credentials identified by the test publisher as appropriate for each test.
7. Conduct other forms of assessment (such as judgment-based measures, criterion referenced instruments, systematic observation, functional skills assessment, and/or family derived information) necessary to provide a complete picture of the child.
8. Determine that the child’s performance is not primarily attributable to native language,

environmental/cultural diversity, or economic disadvantaged.

9. Hold eligibility determination meeting to review all evaluation data.
10. Eligibility determinations

Preschool Moderately Delayed: Performance on a standardized norm-referenced test measures 1.5 to 3.0 standard deviations below the mean for children of the same chronological age in two or more areas of identified weaknesses, i.e., cognitive development, physical development, communication development, social/emotional development and adaptive development.

Preschool Severely Delayed: Performance on a standardized norm-reference test measures more than 3.0 standard deviations below the mean for children of the same chronological age in one or more of the areas of indicated weaknesses, i.e., cognitive development, physical development, communication development, social/emotional development and adaptive development.

Preschool Communication Delayed: Performance on either a comprehensive developmental assessment or a norm referenced measurement indicated age appropriate levels in the areas of cognitive development, physical development, sensory development, social/emotional development and adaptive development and area of weakness in communication development. Performance on a standardized norm-referenced test of language measures more than 1.5 standard deviations below the mean for children of the same chronological age or the child's speech, out of context, is unintelligible to an unfamiliar listener. The MET shall not identify a child as preschool communication delayed if the child's performance is primarily attributable to dialectical, cultural, ethnic differences.

Hearing Handicapped: These criteria are the same as for school age children.

Vision Handicapped: These criteria are the same as for school age children.

11. In the event that a discrepancy exists between components of the evaluation, the MET shall determine eligibility based on a preponderance of the evidence.
12. Write the IEP. Present levels of performance should reflect the information collected.

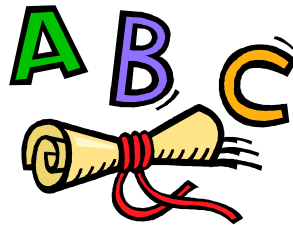
"School is a building with 4 walls and  
tomorrow inside

The first step is always the hardest

First person first, disability second

All the resources we need are in the  
mind

A mind stretched by a new idea never  
retracts  
to the same place."



## Checklist for Preschool Special Education Procedures

District/School \_\_\_\_\_  
Child's Name \_\_\_\_\_ DOB \_\_\_\_\_  
Today's Date \_\_\_\_\_

### DEVELOPMENTAL SCREENING PROCEDURES

\_\_\_\_\_ A developmental screening was conducted of the following areas: cognitive, physical, communication, social/emotional, and adaptive development.

The following method(s) were utilized for screening:

\_\_\_\_\_ direct testing  
\_\_\_\_\_ record/file review  
\_\_\_\_\_ parent interview  
\_\_\_\_\_ observation

The following was conducted and documented:

\_\_\_\_\_ a hearing screening  
\_\_\_\_\_ a vision screening

The following was determined and documented:

\_\_\_\_\_ primary language of child  
\_\_\_\_\_ primary language of the home

Included in the child's file are additional records such as:

\_\_\_\_\_ medical records  
\_\_\_\_\_ previous evaluations  
\_\_\_\_\_ medical certification of disability (if needed)

### COMPREHENSIVE DEVELOPMENTAL ASSESSMENT (CDA)

A CDA was conducted covering the following areas:

\_\_\_\_\_ cognitive development  
\_\_\_\_\_ physical development  
\_\_\_\_\_ communication development  
\_\_\_\_\_ social/emotional development  
\_\_\_\_\_ adaptive development

### DOMAIN SPECIFIC TESTING

Results obtained from the CDA and parent input indicated the following domains were of concern:

\_\_\_\_\_ cognitive  
\_\_\_\_\_ physical  
\_\_\_\_\_ communication  
\_\_\_\_\_ social/emotional  
\_\_\_\_\_ adaptive

### **COMPLIANCE FACTORS**

- \_\_\_\_\_ the assessment process yielded program information
- \_\_\_\_\_ parent input was solicited
- \_\_\_\_\_ at least two evaluators were part of the assessment team
- \_\_\_\_\_ at least two measures were administered
- \_\_\_\_\_ at least one of the two measures was norm-referenced

During the entire evaluation process, consideration was given to:

- \_\_\_\_\_ sensory/motor/communication needs of the child
- \_\_\_\_\_ ethnic/racial and educational/experiential factors in regard to procedures and selection of test instruments

### **\*OPTIONAL BEST PRACTICES FACTORS**

- \_\_\_\_\_ child's functioning in two separate settings was considered
- \_\_\_\_\_ evaluation was conducted in a primarily hands-on manner with the child
- \_\_\_\_\_ the evaluation was conducted in a setting familiar to the child
- \_\_\_\_\_ a part or the whole evaluation was conducted during a primarily child-directed play session
- \_\_\_\_\_ a second measure was administered in the area(s) of greatest concern

### **DETERMINATION OF ELIGIBILITY BY THE MULTIDISCIPLINARY EVALUATION TEAM (MET)**

- \_\_\_\_\_ results of the assessment process were considered by a multidisciplinary evaluation team (MET)

Results of the assessment process indicated:

- \_\_\_\_\_ the child was determined to be ineligible for services
- \_\_\_\_\_ the eligibility criteria were met
- \_\_\_\_\_ results of the evaluation process were documented in a written report(s)

### **MULTIDISCIPLINARY CONFERENCE/IEP CONFERENCE**

- \_\_\_\_\_ a report of the evaluation results was given to parents (in their primary language or through an interpreter) as well as a copy of the IEP.
- \_\_\_\_\_ a copy of Parent Rights and Procedural Safeguards were provided to parents
- \_\_\_\_\_ a "Prior Written Notice" was sent to parents describing outcome of MET

## **Preschool Moderate Delay Determination of Eligibility**

**The determination is based on the following requirements:**

- ☐ Performance by \_\_\_\_\_ on a norm-referenced test that measures at least 1 ½, but not more than 3SD below the mean for children of the same chronological age in two or more of the following areas [ARS 15-761(24)]:
  - \_\_\_\_ *Cognitive Development*                      \_\_\_\_ *Social & Emotional Development*
  - \_\_\_\_ *Physical Development*                      \_\_\_\_ *Adaptive Development*
  - \_\_\_\_ *Communication Development*;

### **AND**

The results of the norm-referenced measure must be corroborated by information from comprehensive developmental assessment and from parental input, if available, as measured by a judgment based assessment or survey. If there is a discrepancy between the measures, the evaluation team shall determine eligibility based on a preponderance of the information presented. [ARS 15-761(24)] (A student shall not be determined to be a child with a disability if the determinant factor is a lack of instruction in reading, math, or limited English proficiency. [300.534(b)].

- ☐ The student was evaluated in all areas related to the suspected disability.

**Describe any additions or modifications needed to allow the child to participate in the general curriculum (appropriate activities) and, for reevaluation, meet annual goals [ARS 15-766(B)(8)].**

### **Special Education Determination**

This student with **Preschool Moderate Delay...**

- ☐ Needs special education and related services
  - ☐ Does **not** need special education and related services

**Date Eligibility Determined** \_\_\_\_\_

**Parents provided with PWN**

**Note:** The IEP must be developed within 30 days of determination of eligibility.  
[300.343(b)(2)]

Procedures for the initial full and individual evaluation of children suspected of having a disability and for the re-evaluation of students with disabilities shall meet the requirements of IDEA and regulations, and State statutes and State Board of Education rules [AAC R7-2-401(E)(2)].



## **Preschool Severe Delay Determination of Eligibility**

**The determination is based on the following requirements:**

- ☐ Performance by \_\_\_\_\_ on a norm-referenced test that measures more than 3 SD below the mean for children of the same chronological age in one or more of the following [ARS 15-761(25)]:
- |                                      |   |
|--------------------------------------|---|
| ___ <i>Cognitive Development</i>     | ___ <i>Social &amp; Emotional Development</i> |
| ___ <i>Physical Development</i>      | ___ <i>Adaptive Development</i>               |
| ___ <i>Communication Development</i> |   |

**AND**

The results of the norm-referenced measure must be corroborated by information from comprehensive developmental assessment and from parental input, if available, as measured by a judgment based assessment or survey. If there is a discrepancy between the measures, the evaluation team shall determine eligibility based on a preponderance of the information presented. [ARS 15-761(25)] (A student shall not be determined to be a child with a disability if the determinant factor is a lack of instruction in reading, math, or limited English proficiency. [300.534(b)])

**Describe any additions or modifications needed to allow the child to participate in the general curriculum (appropriate activities) and, for reevaluation, meet annual goals [ARS 15-766(B)(8)].**

### **Special Education Determination**

This student with **Preschool Severe Delay...**

- ☐ Needs special education and related services
- ☐ Does **not** need special education and related services

**Date Eligibility Determined**\_\_\_\_\_

**Parents provided with PWN**

**Note:** The IEP must be developed within 30 days of determination of eligibility. [300.343(b)(2)]

Procedures for the initial full and individual evaluation of children suspected of having a disability and for the re-evaluation of students with disabilities shall meet the requirements of IDEA and regulations, and State statutes and State Board of Education rules [AAC R7-2-401(E)(2)].

## **Preschool Speech/Language Determination of Eligibility**

**The determination is based on the following requirements:**

- ☐ Performance by \_\_\_\_\_ on a norm-referenced language test that measures at least 1 ½ SD below the mean for children of the same chronological age, **or**
- ☐ Speech, out of context, is unintelligible to a listener who is unfamiliar with the child. [ARS 15-761(26)]

*Eligibility under this category is appropriate only if a comprehensive developmental assessment or norm-referenced assessment and parental input indicate that the child **is not** eligible for services under another preschool category. The evaluation team shall determine eligibility based on a preponderance of the information presented. [ARS 15-761(26)]*

### **AND**

The results of the norm-referenced measure must be corroborated by information from comprehensive developmental assessment and from parental input, if available, as measured by a judgment based assessment or survey. If there is a discrepancy between the measures, the evaluation team shall determine eligibility based on a preponderance of the information presented. [ARS 15-761(25)] (A student shall not be determined to be a child with a disability if the determinant factor is a lack of instruction in reading, math, or limited English proficiency. [300.534(b)])

- ☐ The student was evaluated in all areas related to the suspected disability.

**Describe any additions or modifications needed to allow the child to participate in the general curriculum (appropriate activities) and, for reevaluation, meet annual goals. [ARS 15-766(B)(8)]**

## **Special Education Determination**

This student with **Preschool Speech/Language Delay...**

- ☐ Needs special education and related services
  - ☐ Does **not** need special education and related services

**Date Eligibility Determined**\_\_\_\_\_

**Parents provided with PWN**

**Note:** The IEP must be developed within 30 days of determination of eligibility. [300.343(b)(2)]

Procedures for the initial full and individual evaluation of children suspected of having a disability and for the re-evaluation of students with disabilities shall meet the requirements of IDEA and regulations, and State statutes and State Board of Education rules. [AAC R7-2-401(E)(2)]

## **Visual Impairment Determination of Eligibility**

**The determination is based on the following requirements:**

- ☐ \_\_\_\_\_ has a visual impairment, meaning a loss of visual acuity or loss of visual field, as determined by evaluation pursuant to 15-766, that interferes with the child's performance in the educational environment and that requires the provision of special education and related services. The term includes both partial sight and blindness [ARS 15-761(38)] [300.7(13)].
  - ☐ The visual impairment has been verified by an ophthalmologist [AAC R7-2-401(E)(5)(i)].
  - ☐ The student was evaluated in all areas related to the suspected disability.
- 

- ☐ Student **does not** meet criteria for Visual Impairment
- ☐ Student **does** meet criteria for Visual Impairment. (A student shall not be determined to be a child with a disability if the determinant factor is lack of instruction in reading, math, or limited English proficiency. [300.534(b)])

**Describe any additions or modifications needed to allow the child to progress in the general curriculum and, for reevaluation, meet annual goals. [ARS 15-766(B)(8)]**

### **Special Education Determination**

This student with **Visual Impairment...**

- ☐ Needs special education and related services
- ☐ Does **not** need special education and related services

**Date Eligibility Determined** \_\_\_\_\_

**Parents provided with PWN**

**Note:** The IEP must be developed within 30 days of determination of eligibility.  
[300.343(b)(2)]

Procedures for the initial full and individual evaluation of children suspected of having a disability and for the reevaluation of students with disabilities shall meet requirements of IDEA and regulations, and State statutes and State Board of Education rules. [AAC R7-2-401(E)(2)]

## Hearing Impairment Determination of Eligibility

The determination is based on the following requirements:

- ☐ \_\_\_\_\_ has a loss of hearing acuity as determined by evaluation pursuant to section 15-766, which interferes with the child's performance in the educational environment and requires the provision of special education and related services. [ARS 15-761(9)]
- ☐ An audiologist has conducted an audiological evaluation. [AAC R7-2-401(E)(5)(b)(i)]
- ☐ A communication/language proficiency evaluation has been conducted. [AAC R7-2-401(E)(5)(b)(ii)]
- ☐ The student was evaluated in all areas related to the suspected disability.

- 
- ☐ Student **does not** meet criteria for Hearing Impairment
  - ☐ Student **does** meet criteria for Hearing Impairment (A student shall not be determined to be a child with a disability if the determinant factor is a lack of instruction in reading, math, or limited English proficiency. [300.534(b)])

**Describe any additions or modifications needed to allow the child to progress in the general curriculum and, for reevaluation, meet annual goals [ARS 15-766(B)(8)].**

### **Special Education Determination**

This student with a **Hearing Impairment...**

- ☐ Needs special education and related services
- ☐ Does **not** need special education and related services

Date Eligibility Determined \_\_\_\_\_

**Parents provided with PWN**

**Note:** The IEP must be developed within 30 days of determination of eligibility. [300.343(b)(2)]

Procedures for the initial full and individual evaluation of children suspected of having a disability and for the re-evaluation of students with disabilities shall meet requirements of IDEA and regulations, and State statutes and State Board of Education rules. [AAC R7-2-401(E)(2).

## Preschool Eligibility Determination

Student: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Student #: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Date Eligibility Determined: \_\_\_\_\_

- ☐ **Preschool Moderate Delay:** means performance by a preschool age child on a norm-referenced test that measures at least one and one-half, but not more than three, standard deviations below the mean for children in two or more of the following areas:

- |  |  |
|--|--|
| <input type="checkbox"/> Cognitive development     | <input type="checkbox"/> Social or emotional development |
| <input type="checkbox"/> Physical development      | <input type="checkbox"/> Adaptive development            |
| <input type="checkbox"/> Communication development |  |

And a comprehensive developmental assessment and parent input.

- ☐ **Preschool Severe Delay:** means performance by a preschool age child on a norm-referenced test that measures more than three standard deviations below the mean in one or more areas.

- |  |  |
|--|--|
| <input type="checkbox"/> Cognitive development     | <input type="checkbox"/> Social or emotional development |
| <input type="checkbox"/> Physical development      | <input type="checkbox"/> Adaptive development            |
| <input type="checkbox"/> Communication development |  |

And a comprehensive developmental assessment and parent input.

- ☐ **Preschool Speech/Language Delay:** means performance by a preschool age child on a norm-referenced language test that measures at least one and one-half standard deviations below the mean or whose speech, out of context, is unintelligible to a listener who is unfamiliar with the child. *(Eligibility under Preschool Speech/Language Delay is appropriate **only if** a comprehensive developmental assessment or norm-referenced assessment and parental input indicate that the child is not eligible for services under another preschool diagnostic category.*

\*\*\*\*\*

**For all areas, the MET shall determine eligibility based on a preponderance of the evidence presented.**

\*\*\*\*\*

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Has there been a lack of instruction in reading or math? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is the student limited English proficient?               |
- If the response to any of these questions is "Yes", please provide an explanation

### Decision

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The student has or continues to meet the criteria for above marked category.            |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The student needs or continues to need special education and possible related services. |

Position/Relationship to Student	Signature	Agree	Disagree	Date
*Parent/Guardian /Surrogate				
Student				
*Special Education Teacher				
Regular Education Teacher				
*Individual to Interpret the Results of Assessment				
*PEA/Designee				
Language Acquisition Teacher				
^Speech Pathologist				
Occupational Therapist				
Physical Therapist				
Nurse				
Other				

\*Signature Required

^Only required for Speech/Language Delay

Special Needs 1/2004

## **Best Practice/Resources**

For the National Association of School Psychologists Position Statement on Early Childhood Assessment go to [www.nasponline.org/information/pospaper\\_ea.html](http://www.nasponline.org/information/pospaper_ea.html)

For the Division for Early Childhood Position Statement on Inclusion go to [www.dec-sped.org](http://www.dec-sped.org).

For the Position Statement on Early Childhood Curriculum, Assessment, and Program Evaluation go to [www.naeyc.org/resources/position\\_statements/pscape.pdf](http://www.naeyc.org/resources/position_statements/pscape.pdf).

For Division for Early Childhood Recommended Practices on Assessment and Creating Policies and Procedures That Support Recommended Practices in Early Intervention/Early Childhood Special Education (EI/ECSE) go to [www.dec-sped.org/pdf/recommendedpractices/adminessen.pdf](http://www.dec-sped.org/pdf/recommendedpractices/adminessen.pdf).

To download a the entire manual *An Administrator's Guide to Preschool Inclusion* by Ruth Wolery and Samuel Odom go to [www.fpg.unc.edu/~publicationsoffice/AdmGuide.pdf](http://www.fpg.unc.edu/~publicationsoffice/AdmGuide.pdf).

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